

Division of Corporations Page 1 of 1
F980000000529

Florida Department of State
Division of Corporations
Public Access System

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(((H09000102034 3)))



H090001020343ABCT

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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

Please retain original filing
date of submission 4/27

COR AMND/RESTATE/CORRECT OR O/D RESUB

COUNTRYWIDE INSURANCE SERVICES, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Division of Corporations

SUBJECT: COUNTRYWIDE INSURANCE SERVICES, INC.
REF: F98000000529

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the date on line 4 to read 4-20-09.

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Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H09000102034
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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. Countrywide Insurance Services, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 01/29/1998
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 4/20/09
5. Balboa Insurance Services, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
- _____
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

C. CoAamagna
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Christine CoAamagna
(Typed or printed name of person signing)

Secretary
(Title of person signing)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**State of California
Secretary of State**

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify

That on the **20th day of April, 2009**, there was filed in this office an amendment changing the corporation name from **COUNTRYWIDE INSURANCE SERVICES, INC.**, a California corporation, to **BALBOA INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
April 23, 2009.



Debra Bowen

DEBRA BOWEN
Secretary of State