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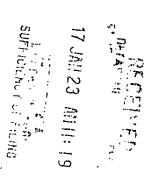
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PICK-UP	☐ WAIT	MAIL				
(Bus	(Business Entity Name)					
(Doc	cument Number)					
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JAN 24 2017

C LEWIS

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Coakley, Pierpan, Dolan & Collins In Name	
	Name	of Corporation
DOC	UMENT NUMBER: F98000005878	
The er	nclosed Amendment and fee are subm	itted for filing.
Please	return all correspondence concerning	this matter to the following:
Karen :	S Fink	
	Name of Contact Person	
Nutter	McClennen & Fish LLP	
	Firm/Company	
155 Se	aport Boulevard	
	Address	
Boston	, MA 02210	
	City/State and Zip Code	
	@nutter.com	
E	-mail address: (to be used for future annu	al report notification)
For fu	rther information concerning this matt	er, please call:
Karen S	S Fink	617 439-2348
	Name of Contact Person	at () 439-2348 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amour	nt;
s	35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certificate Copy (Additional copy is enclosed)
Amend Division P.O. B	ng Address: Idment Section I	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 1 (1-3 MUST BE COMPLETED)

(1	Pastos Be Confidence)
F98000005878	
(Docum	nent number of corporation (if known)
L COAKLEY, PIERPAN, DOLAN & COLLINS INS	URANCE AGENCY, INC.
(Name of corporation as	s it appears on the records of the Department of State)
2. MA	3. 10/21/1998 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLE	SECTION II TE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the o	corporation, when was the change effected under the laws of
its jurisdiction of incorporation? 1/1/17	
5. MountainOne Insurance Agency, Inc.	
(Name of corporation after the amendment, appropriate abbreviation, if not contained	adding suffix "corporation," "company," or "incorporated," or in new name of the corporation)
(If new name is unavailable in Florida, enter business in Florida)	alternate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of dur	ation, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction o	f incorporation, indicate new jurisdiction.
	(New jurisdiction)
8. Attached is a certificate or document of sim 90 days prior to delivery of the application thaving custody of corporate records in the juntary.	illar import, evidencing the amendment, authenticated not more than to the Department of State, by the Secretary of State or other official urisdiction under the laws of which it is incorporated.
(Signature of a di of a receiver or o	rector, president of other officer - if in the hands ther court appointed fiduciary, by that fiduciary)
Tonathan Dennurk (Typed or printed name of person signin	

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

Articles of Merger **Involving Domestic Entities**

(General Laws Chapter 156D, Section 11.06; 950 CMR 113.36)

I hereby certify that upon examination of these articles of merger, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 250 having been paid, said articles are deemed to have been filed with me this

AU day of Permoe 20 0 at 1:0 (2.m.)p.m. CORPORATIONS CIVISION 2016 DEC 29 AH 11: 04

Effective date: 12:01 A.M. on January 1, 2017

(must be within 90 days of date submitted)



WILLIAM FRANCIS GALVIN Secretary of the Commonwealth

Filing fee: Minimum \$250

1286711



TO BE FILLED IN BY CORPORATION

Contact Information:

Matthew D. Hanaghan, Esq., Nutter, McClennen & Fish, LLF

155 Seaport Blvd.

Boston, MA 02210

Telephone: 617-439-2000

Email: mhanaghan@nutter.com

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor. If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

D PC

The Commonwealth of Massachusetts William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Merger

FORM MUST BE TYPED

Involving Domestic Entities

(General Laws Chapter 156D, Section 11.06; 950 CMR 113.36)

	marka a talah sa marka a t
	Exact name of each domestic corporation or other entity involved in the merger: True North Insurance Agency, Inc. 0 43445331
5	Coakley, Pierpan, Dolan & Collins Insurance Agency, Inc. 042375409
(2)	Exact name of the surviving entiry: Coakley, Pierpan, Dolan & Collins Insurance Agency, Inc.
	The merger shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: 12:01 A.M. on January 1, 2017
(che	ck appropriate box)
(4)	The plan of merger was duly approved by the shareholders, and where required, by each separate voting group as provided by G.L. Chapter 156D and the articles of organization.
	OR
	☐ The plan of merger did not require the approval of the shareholders.
(5)	Parcicipation of each other entity was duly authorized by the law under which the other entity is organized or by which it is
	governed and by its articles of organization or other organizational documents.
	Attach any amendment to articles of organization of the surviving entity, where the survivor is a domestic business corporation.
	Article I is hereby amended to change the name of the surviving entity to: MountainOne Insurance Agency, Inc.
	Attach the articles of organization of the surviving entity where the survivor is a NEW domestic business corporation, including all the supplemental information required by 950 CMR 113.16.

P.C.

Signed by:	
President, TNIA Other officer,	•
Court-appointed fiduciary,	·
on this 9day ofdecember	2016
Signed by: Helly On Cuffer (signature of dyshorized individual)	
☐ Chairman of the board of directors,	
President, TNIA	
Other officer,	
☐ Court-appointed fiduciary,	
on this 9day of <u>Accember</u>	2016
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Signed by:	-/ <i>/////</i>) fall	, 	
organica by:	Jane 102	(signature of authorized i	individual)	······································
☐ Chairman of the boa	rd of directors,	. ,		
President, CPD	· C			
 Orher officer, 		•		
☐ Court-appointed fide	iciary,			
i				
ath.		7		7111
on this	day of	December	,	2016
Signed by:				
	1.64	(signanire of authorized i	ndividual)	
Chairman of the boa	rd of directors,			
☐ President,				•
Other officer,			•	
O Court-appointed fide	ıciary,			· .i*:
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on this	day of			·

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