

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M010000000947

Summit Insurance Advisors, LLC changing name to:

Fleet Insurance Services, LLC

500004684225---3
-11/15/01-01060-018
*****25.00 *****25.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/15/01

M3

Order# 4900446

Ref#:

Amount: \$

01 NOV 15 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

01 NOV 15 PM 2:56

APPROVAL
AND
FILED

11501

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

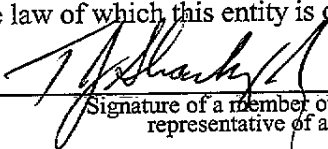
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Summit Insurance Advisors, LLC
2. Jurisdiction of its organization: New Jersey
3. Date authorized to do business in Florida: 4/27/01

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9/13/01
5. New name of the limited liability company: Fleet Insurance Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized
representative of a member

Thomas J. Sharkey, Jr.
Typed or printed name of signee

01 NOV 15 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Filing Fee: \$25.00

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

FLEET INSURANCE SERVICES, LLC

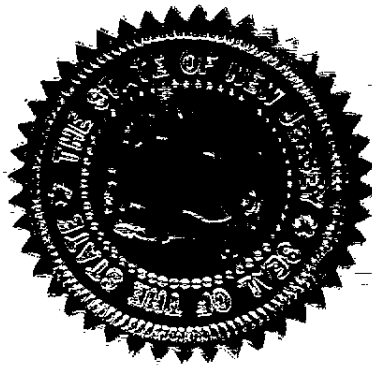
I, the Treasurer of the State of New Jersey,
do hereby certify, that on September 13, 2001,
a name change certificate was duly filed in this
office, changing the business name from:

Summit Insurance Advisors, LLC

to:

Fleet Insurance Services, LLC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
7th day of November, 2001



Peter R. Lawrence

Peter R Lawrence
Acting State Treasurer

SECRETARY OF STATE
TAIN AHASSEY, FLORIDA

APPROVED
AND