

M06 00000 3775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

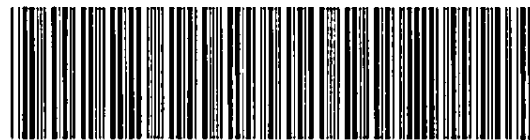
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/30/17--01023--021 \*\*60.00

2017 OCT 30 PM 2:04

OCT 31 2017  
J. HARRIS



October 18, 2017

Division of Corporations  
**Registrations Section**  
P.O. Box 6327  
Tallahassee, FL 32314

RE: AMENDMENT TO CERTIFICATE OF AUTHORITY  
STATE OF FLORIDA

Please amend the Application for Authority for Pro Access, LLC in the state of Florida. Enclosed are the following:

1. Application for Amendment to Certificate of Authority
2. Certificate of Good Standing
3. Check in the amount of \$60

Please return the approved information to:

AssuredPartners Specialty Insurance Brokers, LLC  
c/o Herbert L. Jamison & Co., LLC  
20 Commerce Dr., Suite 200  
Cranford, NJ 07016  
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence  
Vice President  
Ph 973.669.2301  
Fax 973.731.8439  
slawrence@jamisongroup.com

Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pro Access, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Lawrence

Name of Person

Herbert L. Jamison & Co., LLC

Firm/Company

20 Commerce Dr, Ste 200

Address

Cranford, NJ 07016

City/State and Zip Code

slawrence@jamisongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Lawrence at (973) 669-2344  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Pro Access, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX) \_\_\_\_\_

2. The Florida document number of this limited liability company is: M06000003775

3. Jurisdiction of its organization: NJ

4. Date authorized to do business in Florida: 07/07/2006

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: AssuredPartners Specialty Insurance Brokers, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

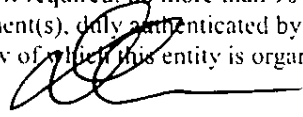
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Dean Curtis, *EVP*

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED  
OCT 30 11:20:04

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: ASSUREDPARTNERS SPECIALTY INSURANCE BROKERS,  
LLC  
Business Id: 0600133063  
Certificate Number: 6000075851

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT A RESTATED WITH NAME CHANGE ON September 6, 2017 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY  
HAND AND AFFIXED MY OFFICIAL SEAL AT  
TRENTON, THIS  
October 16, 2017 A.D.

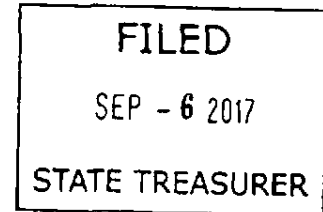


*Ford M. Scudder*  
Ford M. Scudder  
State Treasurer

VERIFY THIS CERTIFICATE ONLINE AT  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

New Jersey Division of Revenue & Enterprise Services  
**Restated and Amended Certificate of Formation**  
Limited Liability Company

RNC



0600133063

This form may be used to restate and integrate, AND FURTHER AMEND, the Certificate of Formation of a Limited Liability Company on file with the Department of the Treasury, as supplemented and amended by any instrument that was executed and filed pursuant NJSA 42.

1. Name of Limited Liability Company: Pro Access, LLC
2. NJ 10 digit ID Number: 0600133063
3. New LLC Name: (If applicable) AssuredPartners Specialty Insurance Brokers, LLC
4. Other Provisions: \_\_\_\_\_
5. The Restated Certificate of Formation is amended as follows: (Use attachments if required)
6. Attachments:

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42 and that they are authorized to sign this form on behalf of the LLC.

Signature Date 9/6/17Name Dean Curtis, SR VP

S: 2911738  
J: 5138488 J: 5138489



**State of New Jersey**

DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF INSURANCE  
CONSUMER PROTECTION SERVICES  
PO Box 329  
TRENTON, NJ 08625-0329

TEL (609) 292-5316  
FAX (609) 964-4195

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

RICHARD J. BADOLATO  
*Commissioner*

PETER L. HARIT  
*Director*

August 31, 2017

Steve Lawrence  
AssuredPartners Specialty Insurance Brokers, LLC  
20 Commerce Dr., Suite 200  
Cranford, NJ 07016

Re: Resident License Business Name Pre-Approval  
AssuredPartners Specialty Insurance Brokers, LLC

Dear Mr. Lawrence

This correspondence is being sent in response to your request for approval to use the above referenced business name when applying for an **Public Adjuster** or **Producer License** in this State. In accordance with the requirements of N.J.A.C. 11:17-2.8, the Licensing and Insurance Education Unit approves **AssuredPartners Specialty Insurance Brokers, LLC** as a permissible name for an insurance business entity. Pre-approved business names shall expire 90 days after the date of this letter, if no license application is received by the Department.

The approved business name can now be filed with the New Jersey Department of Treasury, Division of Revenue and Enterprise Services at 609-292-9292. If the word "**Insurance**" is contained in the name the Department of Treasury will **not** permit you to file online.

Finalization of this process will require submission of the Treasury Document evidencing registration of the approved name. Upon completion of registration, you may apply for the business entity license online via [www.NIPR.com](http://www.NIPR.com).

Live Scan prints will be required from any **unlicensed** officers, partners, directors, or owners of 10% or more of the business entity. See our website at [www.DOB.NJ.GOV](http://www.DOB.NJ.GOV). For applicants who do not have Internet access appointments are available through the toll free call center at (877) 503-5981.

Questions concerning this matter may be directed to my attention at 609-292-4337 Ext. 50294.

Sincerely,

*Chris Christie*

New Jersey Department of Banking & Insurance  
Licensing and Insurance Education  
Consumer Protection Services