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Tor

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Fax Number

: (850)878-5368

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

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.C AMND/RESTATE/CORRECT OR M/MG RESIGN OLEMONT INSURANCE BROKERS OF ARIZONA LLA

Certificate of Status	0
Certified Copy	0
Page Count	04
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J. BRYAN

AUG - 5 2010

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations		•			
SUBJECT: Colemont Insura					
Name of Foreig	n Limited I	Jiability Comp	any	•	
Dear Sir or Madam:	•	•			
The enclosed Affidavit by Foreign Limi Managing Member(s) and fee(s) are sub			Change Manager(s	s) or	
Please return all correspondence concer	ning this m	atter to the fol	lowing:		
		•			
Sandy Sanders	۵				
Name of Person		•		SEC	
AmWINS Group, In	c			题馬工	
Firm/Company	.			多いに	~
4725 Pledmant Row Drive	Suite 600	:	•	10000000000000000000000000000000000000	בׁ
Address	,			PS S	
Charlette NC 2021	0		• .	8: 02 STATE FLORID	
Charlotte, NC 28210 City/State and Zip Code				2	
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sandy sanders@amv E-mail address: (to be used for fute	wins,com	enort notificat	ion)		
E-mail address, (to be ased for rain	ito miiam t	·:	,	•	
For further information concerning this	matter, ple	ase call:			
Sandy Sanders at	(704)	. *	749-2752		
Name of Person		de and Daytim	ie Telephone Numb		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	lection orporations 7		•
Enclosed is a check for the following a \$\sumsymbol{Z}\$ \$25 Filing Fee & Conflicate of Status	. • 🔲 \$55.	00 Filing Fee & ed Copy	\$60 Filing Fee, Certificate of Status Certified Copy	& ·	

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compa Department of State is: Colemont	ny as it appears on the records of the Florida Insurance Brokers of Arizona, LLC
2. This entity was formed under the laws of	of:DE
3. This entity was authorized to transact by and its Florida document/registration number	usiness in Florida on 10/27/2006 per is MO6000005936
4. The name and address of each manager	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M. Steven DeCarlo - mgr	4725 Pledmont Row Drive Suite 600 Charlotte, NC 28210
Scott M. Purviance - mgr	4725 Pledmont Row Drive Suite 600 Charlotte, NC-28210
See Attached	Drn 2
Required Signature: Signature of Manager	, Managing Member or Member

Filing Fee: \$25

Managers and Officers for Colemont Insurance Brokers of Arizona, LLC

Andrew Clark
Timothy Downey
Marc Adler
Casey Hamlin
Scott Purviance
Steve DeCarlo
Angela Highea

President
Senior VP
Senior VP
Executive VP
Manager/VP/Sec
Manager/CEO
Assistant Secretary

FILEU

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SECHELARISSEE, FLORIDA