

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000196395 3)))



H100001963953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (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 email address please.

Email Address: _____

RECEIVED
10 SEP -2 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLEMONT INSURANCE BROKERS OF ARIZONA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

S. HAWKES
SEP 02 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLEMONT INSURANCE BROKERS OF ARIZONA 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

sandy.sanders@amwins.com

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

For further information concerning this matter, please call:

SANDY SANDERS

Name of Person

at (704) 749-2752

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 APPLICATION FOR AUTHORIZATION TO TRANSACT
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: COLEMONT INSURANCE BROKERS OF ARIZONA LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/27/2006

FILED
SEP - 2 AM 9:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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? 09/01/2010
5. New name of the limited liability company: AmWINS Brokerage of Arizona, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "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: NEW PRINCIPAL OFFICE WHEREVER LOCATED IS: 4725 Piedmont Row Drive Suite 600, Charlotte, NC 28210.
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

Scott M Purviance

Typed or printed name of signer

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COLEMONT INSURANCE BROKERS OF ARIZONA LLC", CHANGING ITS NAME FROM "COLEMONT INSURANCE BROKERS OF ARIZONA LLC" TO "AMWINS BROKERAGE OF ARIZONA, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF SEPTEMBER, A.D. 2010, AT 10:35 O'CLOCK A.M.

FILED
SEP -2 AM 9:05
OFFICE OF STATE
CLERK, FLORIDA

4182134 B100

100876259

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8204812

DATE: 09-01-10