

AUG 14 2018  
S. YOUNG



Parul Sehgal  
Corporate Counsel & Assistant Secretary  
Corporate Legal Department  
6301 Owensmouth Avenue  
Woodland Hills, CA  
Tel 818-965-0277  
Fax 818-965-0342  
parul.sehgal@farmersinsurance.com

August 9, 2018

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: LLC Name Change for Farmers Services, LLC to FX Insurance Agency, LLC**

To Whom It May Concern,

Please see the attached Articles of Amendment to change the name of the foreign registered LLC, Farmers Services, LLC to FX Insurance Agency, LLC.

Upon registering the name change, I would really appreciate it if you could please provide a copy of the filing receipt. Included is a self-addressed, pre-paid FedEx envelope to assist with this request.

If you have any questions or require any additional information, please let me know.

Regards,

Parul Sehgal  
Corporate Counsel & Assistant Secretary

Enclosures (5):  
Cover Letter  
Application for LLC Amendment  
\$25.00 Filing Fee  
Certified Copy of Name Change from Delaware SOS  
Return Fed-Ex Envelope

FILED  
18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FARMERS SERVICES, 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:

PARUL SEHGAL

Name of Person

FARMERS GROUP, INC.

Firm/Company

6301 OWENSMOUTH AVE

Address

WOODLAND HILLS, CA 91367

City/State and Zip Code

parul.sehgal@farmersinsurance.com

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

For further information concerning this matter, please call:

Parul Sehgal

Name of Person

at ( 818 ) 965-0277

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

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18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: FARMERS SERVICES, 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: M06000006271

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/14/2006

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

5. New name of the limited liability company: FX INSURANCE AGENCY, 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

18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

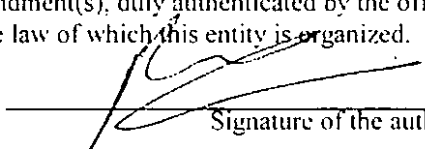
FILED

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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  
**PARUL SEHGAL**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

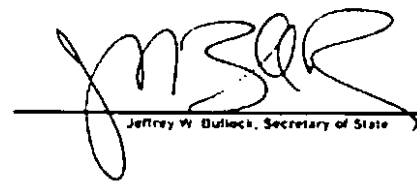
The First State

Page 1

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 "FARMERS SERVICES, LLC", CHANGING ITS NAME FROM "FARMERS SERVICES, LLC" TO "FX INSURANCE AGENCY, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JULY, A.D. 2018, AT 11 O'CLOCK A.M.

FILED  
18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4211219 8100  
SR# 20185902025

Authentication: 203163091  
Date: 07-31-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**


1. Name of Limited Liability Company: FARMERS SERVICES, LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST. The name of the Limited Liability Company formed hereby is:  
FX Insurance Agency, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 13th day of July, A.D. 2018.

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:00 AM 07/16/2018  
FILED 11:00 AM 07/16/2018  
SR 20185675176 - File Number 4211219

By:  \_\_\_\_\_  
Authorized Person(s)

Name: PARUL SEHGAL

Print or Type

18 AUG 10 PM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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