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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (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:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CFC INSURANCE MARKETING, LLC



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. BRYAN

NOV 25 2009

**EXAMINER** 

TO:

TO: Registration Section Division of Corpor				
SUBJECT: CFC Insurance	Marketing, LLC			·
	Name of Foreign	Limited Liability	Compa	ny
Dear Sir or Madam;				
The enclosed application, c	ertificate and fee(s) a	re submitted for fi	ling.	
Please return all correspond	lence concerning this	matter to the follo	wing:	
Tracy Hardy				
Nan	ne of Person	<del>~</del>		
Allianz Life I	nsurance Compa	any of North	a Ame	rica
Firm	n/Company			
5701 Golden Hi	lls Drive			•
	Address			
Minneapolis, M	N 55416			
City	/State and Zip Code			
tracy	hardy@allianzlife.com			
E-mail address: (to be us	ed for future annual re	eport notification)		
For further information con	cerning this matter, p	lease call:		
Kathleen Healy		t( 612 )	852-	1285
Name of Pe	nson	Area Code & D	aytime	Telephone Number
STREET/COURIE	ER ADDRESS:			G ADDRESS:
Registration Section		Registration Section		
Division of Corpora	tions	Division of Corporations P.O. Box 6327		
Clifton Building	tar Cinda			6327 ee, Florida 32314
2661 Executive Cer Tallahassee, Florida		Ţi	ri1(\$11192	ee, rivilud 32314
Enclosed is a check for the	following amount:			-
\$25 Filing Fee \$3	30 Filing Fee & ertificate of Status	☐\$55 Filing Fee Certified Copy		S60 Filing Fee, Certificate of Status &

09 NOV 24 AM 8: 16

# 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)

i.	Name of limited liability company as it appears on the records of the Florida Department State: CFC Insurance Marketing, LLC	t of
2.	Jurisdiction of its organization: California	OS NON 24
		强色
3,	Date authorized to do business in Florida: 12/20/2006	TAR ASS
	SECTION II (4-7 complete only the applicable changes)	EN ST
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? 10/27/2009	STATE STATE
5.	New name of the limited liability company: CFC Capital Partners Insurance Center, LLC	<b>7</b> >
	(must end with "Limited Liability Company," "L.L.C.," or "L	LC.")
the or	lorida and attach a copy of the written consent of the managers or managing members adorse alternate name. The alternate name must end with "Limited Liability Company," "L.L.C" "LLC.")  If the amendment changes the period of duration, indicate new period of duration:	oting ."
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 correction:	and the
<del></del> 9.	Attached is an original certificate, no more than 90 days old, evidencing the aforemention amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized.  Signature of a member or the authorized representative of a member	
	Brian Peterson	
	Typed or printed name of signee	

Filing Fce: \$25.00

### State of California Secretary of State

## CERTIFICATE OF FILING OF NAME CHANGE



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 27th day of October, 2009, there was filed in this office an amendment whereby the Limited Liability Company name of CFC INSURANCE MARKETING, LLC, a(n) CALIFORNIA limited liability company, was changed to: CFC CAPITAL PARTNERS INSURANCE CENTER, LLC.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 20, 2009.



Jeha Boven

DEBRA BOWEN
Secretary of State