

MO700000637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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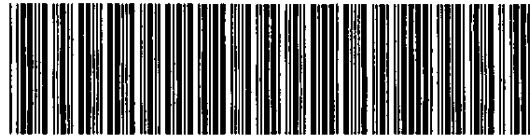
(Business Entity Name)

(Document Number)

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

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2013 JUL 22 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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JUL 23 2013  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWIW Insurance 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

Hailey Overby

Name of Person

Kennedy Licensing Service, Inc.

Firm/Company

4144 N. Central Expressway Ste 800

Address

Dallas, TX 76018

City/State and Zip Code

hoverby@kennedylicensing.com

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

For further information concerning this matter, please call:

Hailey Overby

Name of Person

at ( 214 ) 855-0737

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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2013 JUL 22 PM 5:03  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**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: TWIW Insurance Services, Inc.
2. Jurisdiction of its organization: CA
3. Date authorized to do business in Florida: 01/31/2007

**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? 2/19/2013
5. New name of the limited liability company: Tolman & Wiker Insurance Services, 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:  
\_\_\_\_\_  
\_\_\_\_\_

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

**Dennis Corte, Managing Member**

Typed or printed name of signee

**Filing Fee: \$25.00**

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CLERK OF STATE  
TREASURY OF FLORIDA

**State of California**  
**Secretary of State**

**Certificate of Filing**

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

That on the **21st day of February 2013**, there was filed in this office an amendment changing the corporation name from **TWIW INSURANCE SERVICES, LLC**, a California corporation, to **TOLMAN & WIKER INSURANCE SERVICES, LLC**



**IN WITNESS WHEREOF**, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
July 2, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**