

1108000003871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

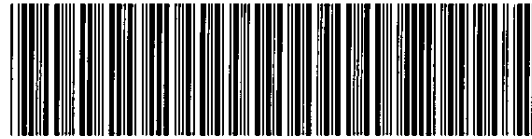
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600135842266

DEPT. OF STATE
TALLAHASSEE, FLORIDA

08 SEP 23 PM 3:55

FILED

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 SEP 23 PM 1:44

RECEIVED

B. KOHR

SEP 23 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 719312 7219594

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : September 23, 2008

ORDER TIME : 10:39 AM

ORDER NO. : 719312-030

CUSTOMER NO: 7219594

FILED
08 SEP 23 PM 3:55
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ORIGIN INSURANCE AGENCY GROUP
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT#

EXAMINER: _____

**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: Origen Insurance Agency Group LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 8/21/2008

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? 9/10/2008

5. New name of the limited liability company: Safe Haven National Insurance Agency LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

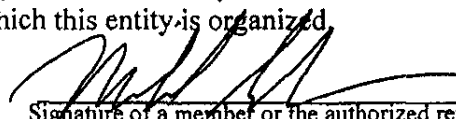
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

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

Michael Silverman, Member of
ManageAmerica Investment Group IV, LLC, Manager

Typed or printed name of signee

Filing Fee: \$25.00

FILED
08 SEP 23 PM 3:55
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ORIGEN INSURANCE AGENCY GROUP LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SAFE HAVEN NATIONAL INSURANCE AGENCY LLC", THE TENTH DAY OF SEPTEMBER, A.D. 2008, AT 11:33 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORIGEN INSURANCE AGENCY GROUP LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4566954 8320

080976079

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6866686

DATE: 09-23-08