

M09000000375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

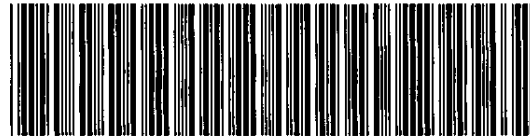
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500239132915

09/07/12--01013--017 **25.00

FILED
2012 SEP -7 PM 1:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN

SEP 10 2012

EXAMINER



September 04, 2012

FL Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: LLC Name Change

Enclosed find Certificates of Amendment to change the names of the following entities:

- WRM America Managing General Agency, LLC;
- Fidelity National Insurance Services, LLC;
- RPG Agency, LLC;
- RPG Management, LLC.

If you have any questions or require any additional information, please contact the undersigned.

Sincerely,

Candice Amorim
Licensing Analyst
Perr&Knight

Phone: (201) 793-1480
Fax: (201) 963-1558
E-mail: camorim@perrknight.com

FILED
2012 SEP -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314



September 04, 2012

FL Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Fidelity National Insurance Services, LLC
Certificate of Amendment for LLC – Name Change

On behalf of Fidelity National Insurance Services, LLC, we hereby submit for your Department's review and approval the enclosed Certificate of Amendment.

We trust that you will find this submission satisfactory and as such, look forward to your Department's early approval. Should you have any questions or desire any additional information, please feel free to contact the undersigned.

Sincerely,

Candice Amorim
Licensing Analyst
Perr&Knight

Phone: (201) 793-1480
Fax: (201) 963-1558
E-mail: camorim@perrknight.com

FILED
2012 SEP -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fidelity National 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:

Candice Amorim
Name of Person

Perr&Knight
Firm/Company

3 Second St., Suite 802
Address

Jersey City, NJ 07311
City/State and Zip Code

rplatt@wightrisk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candice Amorim at (201) 793-1480
Name of Person 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

FILED
2002 SEP -7 PM 1:55
SECRETARY 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: Fidelity National Insurance Services, LLC

2. Jurisdiction of its organization: California

3. Date authorized to do business in Florida: 01-27-2009

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? _____

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

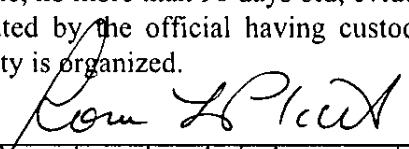
(If name unavailable, enter alternate name adopted for the purpose of transacting business in
Florida and attach a copy of the written consent of the managers or managing members adopting
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."
or "LLC.")

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

Rona L. Platt

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SEP - 7 PM 1:55
CLERK OF THE COURT
HALL COUNTY, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: WRIGHT NATIONAL FLOOD INSURANCE SERVICES, LLC

FILE NUMBER: 200828110018
FORMATION DATE: 10/03/2008
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 30, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

KAW



State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

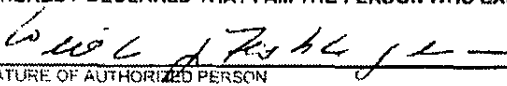
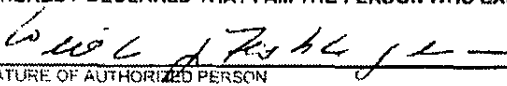
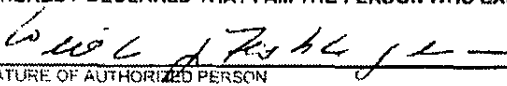
A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 28 2012

This Space For Filing Use Only

| 1. SECRETARY OF STATE FILE NUMBER 200828110018 | 2. NAME OF LIMITED LIABILITY COMPANY Fidelity National Insurance Services, LLC | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|------|---------------|---------|--------------------------------------------------------------|------------|-----------------|----------|-------|
| 3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY. A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") Wright National Flood Insurance Services, LLC B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S) C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION: D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION. | | | | | | | | | | | |
| 4. FUTURE EFFECTIVE DATE, IF ANY: <table border="1"><thead><tr><th>MONTH</th><th>DAY</th><th>YEAR</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table> | | MONTH | DAY | YEAR | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | |
| | | | | | | | | | | | |
| 5. NUMBER OF PAGES ATTACHED, IF ANY: | | | | | | | | | | | |
| 6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <table border="1"><tr><td> SIGNATURE OF AUTHORIZED PERSON</td><td>08/27/12 DATE</td></tr></table> WILLIAM J. FISHLINGER, DIRECTOR OF WRM AMERICA INTERMEDIATE HOLDING COMPANY, WC, THE MEMBER TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON | |  SIGNATURE OF AUTHORIZED PERSON | 08/27/12 DATE | | | | | | | | |
|  SIGNATURE OF AUTHORIZED PERSON | 08/27/12 DATE | | | | | | | | | | |
| 7. RETURN TO: <table border="1"><tr><td>NAME</td><td>Candice Amorim</td></tr><tr><td>FIRM</td><td>Perr & Knight</td></tr><tr><td>ADDRESS</td><td>3 Second St., Suite 802 - Harborside Financial Ctr, Plaza 10</td></tr><tr><td>CITY/STATE</td><td>Jersey City, NJ</td></tr><tr><td>ZIP CODE</td><td>07311</td></tr></table> | | NAME | Candice Amorim | FIRM | Perr & Knight | ADDRESS | 3 Second St., Suite 802 - Harborside Financial Ctr, Plaza 10 | CITY/STATE | Jersey City, NJ | ZIP CODE | 07311 |
| NAME | Candice Amorim | | | | | | | | | | |
| FIRM | Perr & Knight | | | | | | | | | | |
| ADDRESS | 3 Second St., Suite 802 - Harborside Financial Ctr, Plaza 10 | | | | | | | | | | |
| CITY/STATE | Jersey City, NJ | | | | | | | | | | |
| ZIP CODE | 07311 | | | | | | | | | | |