### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (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 TELSI INSURANCE AGENCY, LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK

APR 2 4 2013 Help

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations			,	
SUBJECT: Telal Insurance Agency, LLC Name of Foreign L	imited Liability Comp	pasiy	•	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) are	submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Name of Person				
Telsi Insurance Agency, LLC				
Firm/Company	<del></del>			
Address				
Addiess		<b></b> 4 ·		
City/State and Zip Code		SECF	2013 APR 23	
michelie.evers@carringlonnih.com		HASS	PR 2	
E-mail address: (to be used for future annual rep	ort notification)	SEE, I		M
For further information concerning this matter, ple		STATE	AM 8: 36	£ ,
Name of Person		ne Telephone Number	O,	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, Florida 32301	Regist Divisio P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assec, Florida 32314		
Enclosed is a check for the following amount:  \$\Boxed{1} \\$25 \text{Piling Fee} \Boxed{1} \\$30 \text{Filing Fee} \& \Certificate of Status	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		

#### 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)

Name of limited liability company as it appears on the re State: Telsi Insurance Agency, LLC	·
Jurisdiction of its organization: California	W1000000000000000000000000000000000000
Date authorized to do business in Florida: 05/05/2010	· · · · · · · · · · · · · · · · · · ·
SECTION II (4-7 complete only the	o applicable changes)
If the amendment changes the name of the limited liabilichange effected under the laws of its jurisdiction of organ	ity company, when was the nization? March 18, 2013
New name of the limited liability company;	nsuranco Agency, LLC
(must ead with "I.	imited Lisbility Company, ""L.L.C.," or "L.C.")
f name unavailable, enter alternate name adopted for the plorida and attach a copy of the written consent of the man is alternate name. The alternate name must end with "Ling" "LLC.")  If the amendment changes the period of duration, indicate	nagers or managing members adopting nited Liability Company," "L.L.C."
If the amendment changes the jurisdiction of organization	SE 23
If the amendment corrects any false statement, indicate correction:	프스
Attached is an original certificate, no more than 90 days amendment(s), duly authenticated by the official having the law of which this cutity is organized.  Signature of a quember of the authorized	g custody of records in the jurisdiction under
Amsh Mostafavip	OUF
Typed or printed name of	of algrico
Filing Fee: \$25	

# 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 18th day of March 2013, there was filed in this office an amendment whereby the Limited Liability Company name of TELSI INSURANCE AGENCY, LLC, a(n) CA limited liability company, was changed to: CARRINGTON INSURANCE AGENCY, LLC.

FILED
2013 APR 23 AM 8: 36
SECRETARY OF STATE



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 10, 2013.

DEBRA BOWEN
Secretary of State