# M1000004623

(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:
· A ! ! ! ===
A. LUNT
SEP 10 2012
EXAMINER



300239132933

09/07/12--01013--015 \*\*25.00



Office Use Only



September 04, 2012

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

Re: RPG Agency, LLC

Certificate of Amendment for LLC – Name Change

On behalf of RPG Agency, 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

### **COVER LETTER**

TO: Registration Section

· Division	of Corporations						
SUBJECT:	RP	G Agen	cy, LLC				
	Name of Fore	ign Limite	d Liability Com	pany			
Dear Sir or Mada	am:						
The enclosed app	plication, certificate and fee(	s) are subm	itted for filing.				
Please return all	correspondence concerning t	his matter	to the following	3;	TALLAN	2812 SEP 7	de von
	Candice Amorim				<u>7</u>	ີ່ "ຢ່ 1	****
	Name of Person				RETARY OF STATE AHASSEE, FLORIN	7 PH	
	Perr&Knight				SIA	<b>1</b>	£.,
	Firm/Company				क्रम् (* । ३३-	22	
	3 Second St., Suite 802		<del></del> -				
	Address						
	Jersey City, NJ 07311	···					
	City/State and Zip Co	de					
	jdaub@wrig	ihtrisk	.com				
E-mail address	s: (to be used for future annu						
For further inform	mation concerning this matte	r, please ca	.1l:				
Ca	Indice Amorim	at (2	01 )	793-1480			
N	Name of Person	Area	Code & Daytir	ne Telephone Num	ber		
STREET	T/COURIER ADDRESS:		MAII	ING ADDRESS:			
	ion Section			ration Section			
	of Corporations		Divisi	on of Corporations			
Clifton B		P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32314						
l allahass	see, Florida 32301						
	eck for the following amou	nt:					
\$25 Filing Fee	<b>–</b>		Filing Fee &	\$60 Filing Fe			
•	Certificate of Status	s Cer	tified Copy	Certificate of		Z.	

# 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 State: RPG Agency, LLC	nt of	201
2	Jurisdiction of its organization: Delaware	HV (CWC)	12 SEP
	Julisatetion of its eigenheution,	SE S	-7
3.	Date authorized to do business in Florida: 10/18/2010	<u>an 24</u>	3
	SECTION II (4-7 complete only the applicable changes)		例 <b>の</b>
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 Program Insurance Agency, LL (must end with "Limited Liability Company," "L.L.C.," or	C	
	(must end with Limited Liability Company, L.L.C., or	LLC. )	
Èl th or	f name unavailable, enter alternate name adopted for the purpose of transacting business lorida and attach a copy of the written consent of the managers or managing members ade alternate name. The alternate name must end with "Limited Liability Company," "L.L. "LLC.")  If the amendment changes the period of duration, indicate new period of duration:	opting	
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 th	ne
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementi amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized.  Signature of amember or the authorized representative of a member  Typed or printed name of signee		liction

Filing Fee: \$25.00



PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "RPG AGENCY, LLC",

CHANGING ITS NAME FROM "RPG AGENCY, LLC" TO "WRIGHT PROGRAM

INSURANCE AGENCY, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH

DAY OF AUGUST, A.D. 2012, AT 10 O'CLOCK A.M.

4868102 8100

120987805

AUTHENT CATION: 9816377

DATE: 08-30-12

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

State of Delaware Secretary of State Division of Corporations Delivered 10:00 AM 08/29/2012 FILED 10:00 AM 08/29/2012 SRV 120982206 - 4868102 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

RPG Agency, LLC ("the LLC"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify that:

- 1. The name of the LLC is "RPG Agency, LLC."
- 2. The Certificate of Formation of the LLC is hereby amended by striking paragraph FIRST thereof and substituting the following in lieu thereof:

The name of the limited liability company is" Wright Program Insurance Agency, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 21th day of August, 2012.

Name: Steven E. Sims

Title: Manager