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One Atlantic Center 1201 West Peachtree Street Suite 3500 Atlanta, GA 30309

Telephone: (404) 872-7000 Fax: (404) 888-7490 Web site: www.wcsr.com Mary S. Barnett Paralegal

Direct Dial: (404) 888-7481 Direct Fax: (404) 870-4850 E-mail: mbarnett@wcsr.com

August 14, 2003

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Ame

Amendment to Application for Authorization to Transact Business in Floridas

AssetAmerica Insurance, LLC

To Whom It may Concern:

Enclosed herein please find an Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida of Asset America Insurance, LLC changing its name to **AssetAmerica Insurance Agencies**, **LLC**. I have also enclosed a Certificate of Existence from the domestic state of Delaware along with our check in the amount of \$55.00 to cover the cost of filing plus a certified copy.

Thank you for your attention to this matter and if you have any questions or need any further information, please do not hesitate to contact me.

Sincerely,

WOMBLE CARLYLE SANDRIDGE & RICE A Professional Limited Liability Company

Mary S. Barnett, Paralegal

Nary 3. Barrett

:msb

Enclosures

cc:

Mr. Blake Dyson

Mr. G. Donald Johnson

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	t		
	of State: AssetAmerica Insurance, LLC	±		
2.	Jurisdiction of its organization: Delaware		ŧ	
3,	Date authorized to do business in Florida: March 5, 1998	-		
	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?	03		
5.	New name of the limited liability company: AssetAmerica Insurance Agencies, LLC	AUG 15	FILED	
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:	0		
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 aforementic amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member			

Typed or printed name of signee
Filing Fee: \$25.00

G. Donald Johnson, Attorney for AssetAmerica Insurance Agencies, LLC

Delàware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSETAMERICA INSURANCE AGENCIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSETAMERICA INSURANCE AGENCIES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

OO 15 AM 8: 00



Garriet Smith Windson, Secretary of State

AUTHENTICATION: 2519018

DATE: 07-09-03

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