

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000036555 3)))



H110000365553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.
2/10/11

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CAR INSURANCE. COM, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

2011 FEB 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



February 11, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAR INSURANCE. COM, INC.
745 ORIENTA AVE.
SUITE 1251
ALTAMONTE SPRINGS, FL 32701

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.
2/10/11

SUBJECT: CAR INSURANCE. COM, INC.
REF: P02000105438

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: E11000036555
Letter Number: 811A00003682

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

RECEIVED
11 FEB 14 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H11000036555 3

Articles of Amendment
to
Articles of Incorporation
of

CAR INSURANCE.COM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000105438

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

QUINSTREET INSURANCE AGENCY, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

QuinStreet, Inc.

950 Tower Lane, 6th Floor
Foster City, CA 94404

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H11000036555 3

FILED
2011 FEB 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000036555 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	DOUGLAS J VALENTI	950 TOWER LANE 6TH FLOOR FOSTER CITY, CA 94404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TREAS	KENNETH HAHN	950 TOWER LANE 6TH FLOOR FOSTER CITY, CA 94404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SEC	DANIEL E CAUL	950 TOWER LANE 6TH FLOOR FOSTER CITY, CA 94404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

REMOVE THE FOLLOWING OFFICERS:

LLOYD E REGISTER, IV

LLOYD E REGISTER, III

RANDY HOROWITZ

ERICK PACE

TIMOTHY Z REGISTER

DAVID FITZGERALD

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

H11000036555 3

H11000036555 3

The date of each amendment(s) adoption: 2/01/2011

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/01/2011Signature D.E.C.

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DANIEL E CAUL

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

H11000036555 3