

Florida Department of State
Division of Corporations
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To:

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

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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CHRYSLER INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Name chg
102/17/11

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P35001

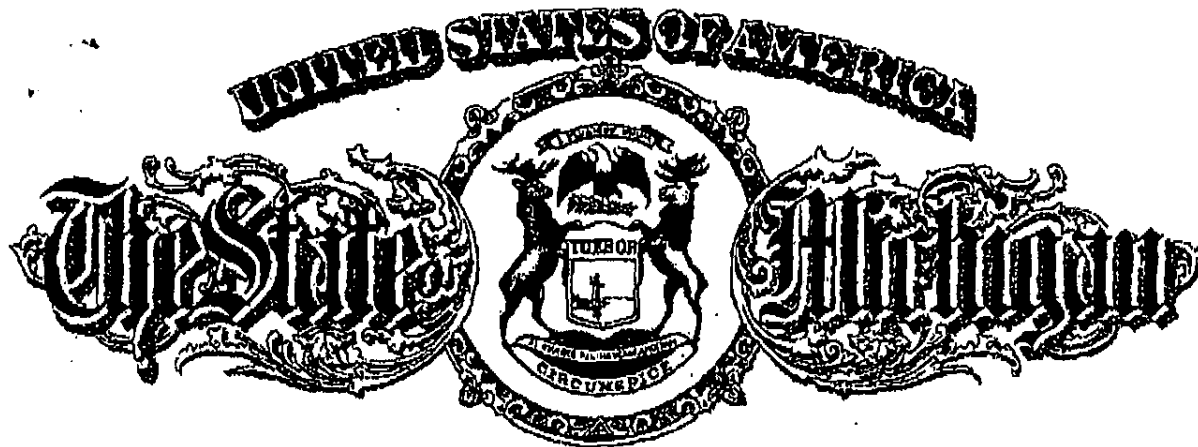
(Document number of corporation (if known))

1. Chrysler Insurance Agency, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Michigan 3. 08/08/1991
(Incorporated under laws of) (Date authorized to do business in Florida)

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SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/7/2011
5. CorePointe Insurance Agency, Inc
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
- _____
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.
- [Signature]
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
- Curtis Geisler Vice President
(Typed or printed name of person signing) (Title of person signing)



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

CHRYSLER INSURANCE AGENCY, INC.

was validly incorporated as a Michigan profit corporation on July 30, 1990.

I FURTHER CERTIFY that

*a Certificate of Amendment to the Articles of Incorporation was filed on February 7, 2011, amending Article I, changing the corporate name to **COREPOINTE INSURANCE AGENCY, INC.***

AND I FURTHER CERTIFY *that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose.*

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of February, 2011.

**Director
Bureau of Commercial Services**