

P35385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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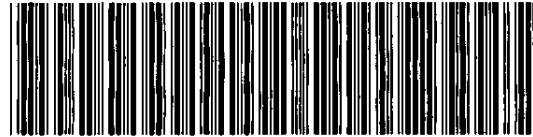
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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D CONNELL

**Wolters Kluwer (put in Sunshine Corp Box)**

850-656-4724

**Entity Name:**

**Intersections Insurance Services Inc.**

**Doc Number:**

P35385

Account #

FCA 000 0000 23

**Please file and return plain copy!**

**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>Articles/Amends</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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9/16/2016

Order#: 70633185

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Ref#: \_\_\_\_\_

Amount: \$ \$ 35.00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Intersections Insurance Services Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P35385

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammie Ettner  
Name of Contact Person

Intersections Inc.  
Firm/Company

3901 Stonecroft Blvd  
Address

Chantilly, VA 20151  
City/State and Zip Code

tettner@intersections.com  
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Tammie Ettner at ( 703 ) 961.6596  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(Pursuant to s. 607.1504, F.S.)

**P35385**

**1 Intersections Insurance Services Inc.**

## 2. Illinois

3. 09/06/1991

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 9/12/2016

5. IISI Inc.

(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 of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tracy M. Ward

(Typed or printed name of person signing)

VP + Treasurer

(Title of person signing)

File Number

5255-171-4



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ARTICLES OF AMENDMENT TO THE ARTICLES OF  
INCORPORATION WERE FILED IN THIS OFFICE SEPTEMBER 12, 2016  
CHANGING NAME FROM INTERSECTIONS INSURANCE SERVICES INC. TO  
IISI, INC. \*\*\*\*\*



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 15TH  
day of SEPTEMBER A.D. 2016

*Jesse White*

SECRETARY OF STATE