

State of Idaho

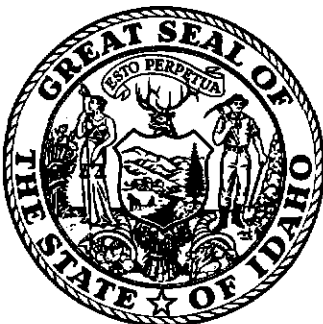
Office of the Secretary of State

AMENDED CERTIFICATE OF AUTHORITY
OF
COADVANTAGE INSURANCE SERVICES, INC.
File Number C 180402

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from COADVANTAGE INSURANCE SERVICES, INC. to **COMPLETE INSURANCE SOURCE, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: March 14, 2011



Ben Yursa
SECRETARY OF STATE

By *Linda Corbus*

FILED EFFECTIVE



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

2011 MAR 14 PM 1:49

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

1. A Certificate of Authority was issued to the corporation by your office on: 10/08/2008
authorizing it to transact business in the State of Idaho under the name of:
CoAdvantage Insurance Services, Inc.
2. Its corporate name has been changed to: Complete Insurance Source, Inc.
3. The name which it shall use hereafter in the State of Idaho is:
Complete Insurance Source, Inc.
4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: _____

Dated: 03/10/11 Corporation Name: Complete Insurance Source, Inc.

Signature: Shane Streufert

Typed Name: Shane Streufert

Capacity: CFO

Customer Acct # :

(Using pre-paid account)

Secretary of State use only

(This information is for
internal use only. Do not
release to the public.)

Web Form

IDAHO SECRETARY OF STATE
 03/14/2011 05:00
 CK: 5711 CT: 221028 DH: 1264231
 1 @ 30.00 = 30.00 AMEND CERT # 4
 1 @ 20.00 = 20.00 EXPEDITE C # 5

C180402

State of Florida



Department of State

I certify from the records of this office that COADVANTAGE INSURANCE SERVICES, INC. which changed its name to COMPLETE INSURANCE SOURCE, INC. on March 3, 2011, is a corporation organized under the laws of the State of Florida, filed on August 28, 2000.

The document number of this corporation is P00000081125.,

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report/uniform business report was filed on March 30, 2010, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of March, 2011



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State