

State of Idaho

Office of the Secretary of State

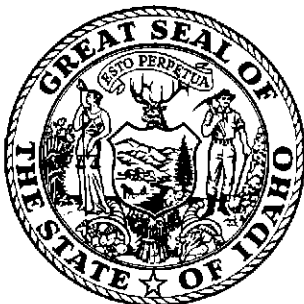
**AMENDED CERTIFICATE OF REGISTRATION
OF
ASSURED NEACE LUKENS INSURANCE AGENCY, INC.**

File Number C200919

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration 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 Foreign Registration to reflect the name change from ASSURED NEACE LUKENS INSURANCE AGENCY, INC. to **ASSURED PARTNERS NL, LLC, W168975** and attach hereto a duplicate of the application for such amended certificate.

Dated: July 14, 2016



Lawrence Denney
SECRETARY OF STATE
By *[Signature]*

214



AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not-typed

Complete and submit the application in duplicate.

2016 JUL 14 AM 11:08

SECRETARY OF STATE
STATE OF IDAHO1. Entity name: Assured Neace Lukens Insurance Agency, Inc.2. The entity name is amended to: Assured Partners NL, LLC

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

3. The entity type is amended to:

☐ Business Corporation☐ General Partnership☐ Nonprofit Corporation☐ General Cooperative Association☐ Limited Liability Partnership☐ Limited Partnership (including a limited liability limited partnership)☒ Limited Liability Company☐ Statutory Trust, Business Trust, or Common-law Business Trust☐ Other: _____

(Provide unlisted foreign entity type here)

4. The entity's jurisdiction is amended to: _____

5. The street and mailing address(es) of its principal office is amended to:

2805 River Rd. Louisville, KY 40206

(Street Address)

c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Suite 200 Cranford, NJ 07016

(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Typed Name: Gerald Budde

Signature: _____

Capacity: CFO, Authorized Person

Secretary of State use only

IDAHO SECRETARY OF STATE

07/14/2016 05:00

CK:4034114 CT:172099 BH:1537538

1@ 30.00 = 30.00 AMD FOR RE #2

1@ 20.00 = 20.00 EXPEDITE C #3

W 168975

Delaware

The First State

Page 1.

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A CORPORATION UNDER THE NAME OF "ASSURED NEACE LUKENS INSURANCE AGENCY, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "ASSURED NEACE LUKENS INSURANCE AGENCY, INC." TO "ASSURED PARTNERS NL, LLC", WAS FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D., 2016, AT 4:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



A handwritten signature in black ink, appearing to read "JBullock", written over a horizontal line.

5006785 8317
SR# 20164853828

Authentication: 202635403
Date: 07-11-16

You may verify this certificate online at corp.delaware.gov/authver.shtml