

# State of Idaho

Office of the Secretary of State

## AMENDED CERTIFICATE OF REGISTRATION

OF

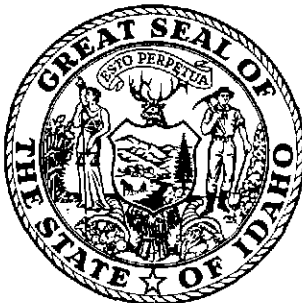
**ADVANCED INSURANCE COVERAGES, INC.**

File Number C 159137

I, LAWRENCE 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 ADVANCED INSURANCE COVERAGES, INC. to **NFS EDGE INSURANCE AGENCY, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: October 28, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Christine*

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.****FILED EFFECTIVE**

2015 OCT 28 AM 10:54

SECRETARY OF STATE  
STATE OF IDAHO1. Entity name: Advanced Insurance Coverages, Inc.2. The entity name is amended to: NFS Edge Insurance Agency, Inc.

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Business Corporation          | <input type="checkbox"/> General Partnership   |
| <input type="checkbox"/> Nonprofit Corporation         | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> 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:

(Street Address) \_\_\_\_\_

(Mailing Address, if different) \_\_\_\_\_

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

(Name)	(Capacity)	(Address)
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(Name)	(Capacity)	(Address)
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Typed Name: Matthew M. RiceSignature: Capacity: Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE


10/28/2015 05:00

CK:3319768 CT:172099 BH:1498137

1@ 30.00 = 30.00 AMD FOR RE #2

C159137

# State of Florida



## Department of State

I certify from the records of this office that ADVANCED INSURANCE COVERAGES, INC. which changed its name to NFS EDGE INSURANCE AGENCY, INC. on October 21, 2015, is a corporation organized under the laws of the State of Florida, filed on October 31, 2003.

The document number of this corporation is P03000123081.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on April 21, 2015, 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  
Twenty-sixth day of October, 2015



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State