

MO 100002996
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3333
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STARR ASSIST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2016 NOV 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 NOV 23 AM 10:21
DIVISION OF CORPORATIONS

O SIMMONS
NOV 28 2016

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Starr Assist, LLC

2. The Florida document number of this limited liability company is: M09000002996

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/04/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Starr Insure, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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16 NOV 23 AM 10:21

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Thomas A. Bryan
Signature of the authorized representative

Thomas A. Bryan
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STARR GLOBAL ACCIDENT & HEALTH INSURANCE AGENCY, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARR ASSIST, LLC", ON THE SECOND DAY OF JUNE, A.D. 2014, AT 4:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "STARR ASSIST, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARR INSURE, LLC". ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2016, AT 1:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STARR INSURE, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4256378 8321
SR# 20166526724

Authentication: 203293331
Date: 11-07-16

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