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Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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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 INSURE, LLC

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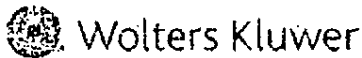
# FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-10-10 16:00:18 CST
RE	STARR INSURE, LLC

## COVER MESSAGE

Chris Rickard  
 Senior Fulfillment Specialist  
 CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
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**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 Insure, 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 Insurance Agency, 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*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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:

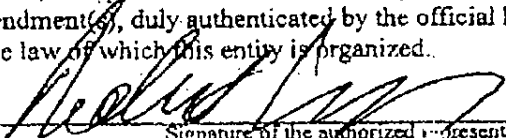
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<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

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.

  
 \_\_\_\_\_  
 Signature of the authorized representative

Robert Cruz  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STARR INSURE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARR INSURANCE AGENCY, LLC" ON THE SIXTH DAY OF JULY, A.D. 2017, AT 1:05 O'CLOCK P.M.

R.

FILED  
2017 OCT 11 PM  
DELAWARE

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



4256378 8320  
SR# 20176476972

Authentication: 203342997  
Date: 10-04-17

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