10/24/2016 Division of Corporations

M16000001750

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NHT3 INSURANCE SERVICES, LLC

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

Requesting original filing date 10-24-16. Thank you.

Electronic Filing Menu Corporate Filing Menu Help

O SIMMONS
NOV 0 1 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIIT3 INSURANCE SERVICES, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Rooney
Name of Person

Hamilton USA
Firm/Company

600 College Road East-Suite 3500
Address

Princeton, NJ 08540
City/State and Zip Code

John.rooney@hamiltongroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Steinmetz at (844) 477-4098
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

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: NIIT3 INSURANCE SERVICES, LLC

2. The Florida document number of this limited liability company is: M15000007750

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/28/2015

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

5. New name of the limited liability company: Attune Insurance Services, 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:

_____

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

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ 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.

John Rooney
Signature of the authorized representative

John Rooney
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NHT3 INSURANCE SERVICES, LLC", CHANGING ITS NAME FROM "NHT3 INSURANCE SERVICES, LLC" TO "ATTUNE INSURANCE SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF OCTOBER, A.D. 2016, AT 2:53 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5687626 8100
SR# 20166291195

Authentication: 203199301
Date: 10-20-16

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:53 PM 10/20/2016
FILED 02:53 PM 10/20/2016
SR 20166291195 - File Number 5687626

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: NHT3 INSURANCE SERVICES, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. Change Name to

Attune Insurance Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of October, A.D. 2016.

By: John T Rooney
Authorized Person(s)

Name: John T Rooney
Print or Type

October 31, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NHT3 INSURANCE SERVICES, LLC
600 COLLEGE ROAD EAST, SUITE 3500
PRINCETON, NJ 08540US

SUBJECT: NHT3 INSURANCE SERVICES, LLC
REF: M15000007750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000262111
Letter Number: 516A00023290

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314