2119 Corporation

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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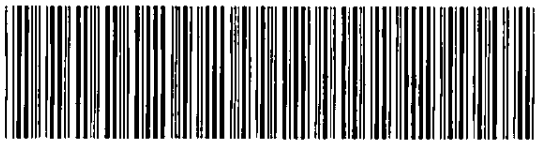

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SECRETARY OF STATE
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AM 9:04
STATE
TALLAHASSEE, FL

7/24/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 563745 7941640

AUTHORIZATION :

COST LIMIT : $ 25.0

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ORDER DATE : July 25, 2024

ORDER TIME : 9:49 AM

ORDER NO. : 563745-005

CUSTOMER NO: 7941640

FILED
2024 JUL 25 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

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FOREIGN FILINGS

NAME: IRON CREST NATIONAL TITLE AGENCY, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Iron Crest National Title Agency, 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:

Rebecca Thomas
Name of Person

Acrisure, LLC
Firm/Company

100 Ottawa Ave SW
Address

Grand Rapids, MI 49503
City/State and Zip Code

entitymanagement@acrisure.com
E-mail address: (to be used for future annual report notification)

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2015 MAY 13 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Rebecca Thomas at (800) 748-0351
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 (9/15)

# 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: Iron Crest National Title Agency, LLC

Enter new principal office address, if applicable:

***(Principal office address MUST BE A STREET ADDRESS)***

201 St. Charles Ave, Suite 2500

New Orleans, LA 70170

Enter new mailing address, if applicable:

***(Mailing address MAY BE A POST OFFICE BOX)***

50 Jordan Street, Suite 101

East Providence, RI 02914

2. The Florida document number of this limited liability company is: M19000009341

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/23/2019

FILED
2020 AUG 26 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FL

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

5. New name of the limited liability company:

(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 officer 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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

*Enter Florida Street Address*

Tallahassee, **Florida** 32301

*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:

Louisiana

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

Remove current manager and add new manager/members

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| Presiden | Chandler, John Nathan | 201 St. Charles Ave., Suite 2500 | ☐Add |
| | | New Orleans, LA 70130 | ■Remove |
| Member | Summit Settlement Services, LL | 50 Jordan Street, Suite 101 | ■Add |
| | | East Providence, RI 02914 | ☐Remove |
| Manager | Elmer, Jessica | 50 Jordan Street, Suite 101 | ■Add |
| | | East Providence, RI 02914 | ☐Remove |
| Manager | Foley, Ryan G. | 100 Ottawa Ave SW | ■Add |
| | | Grand Rapids, MI 49503 | ☐Remove |
| | | | ☐Add |
| | | | ☐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.

Jessica Elmer

Signature of the authorized representative

Jessica Elmer

Typed or printed name of signee

**Filing Fee: $25.00**

2023 ... 25 AM 9:05

...Y OF STATE
...HASSEE, FL