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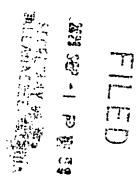
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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## **COVER LETTER**

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SUBJI	ECT:	НІРРО В	JILDERS TWO I	NSURANC	E AGE	NCY LI	LC		
			Name	of Foreign	Limi	ted Liat	oility Cor	npany	
Dear S	Sir or N	Madam:							
The en	iclosed	i applicati	on, certificate a	nd fee(s) a	are sub	mitted	for filing		
Please	return	all corre	spondence conc	erning this	s matte	r to the	followin	រដ្ឋ:	
SAMI	GANPA	AT							
			Name of Perso	าก			_		
TOLL	BROTI	HERS INS	JRANCE AGENO	CY LLC					
			Firm/Company	<del>y</del>			_		
101 W.	. 6TH S	TREET, 5	TH FLOOR						
			Address		-		_		
AUSTI	IN, TX	78701							
			City/State and	Zip Code			<del>-</del>		
		·	нірро.сом				_		
E-m	nail add	dress: (to	be used for futu	re annual	report	notifica	ition)		
For fur	rther is	nformatio	n concerning th	is matter, j	please	call:			
SAMI	GANPA	<b>A</b> T			at ( <u></u>	7	_)	58	
		Name	of Person		Аг	ea Code	e & Dayti	ime Telephone Number	
	Regi Divi P.O.	ng Addres stration S sion of C Box 632 nhassee, F	Section orporations 7				Divisio The Cer 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 81 ssee, FL 32303	0
□\$25			check for the form of the form of the control of t	e &	□ S5:	it: 5 Filing rtified (		☐ \$60 Filing Fee, Certificate of Status Certified Copy	&
CR2E05	55 (9/15)	)						Octaniou Copy	

# 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 Compa	iny as it appear	rs on the re	cords of th	e Florida De	epartment	of		
State: HIPPO BUILDERS TWO	INSURANCE A	AGENCY	LLC					
Enter new principal office address.		NO CHA				-		<u> </u>
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>	)							
Enter new mailing address, if applic ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	rable:	NO CHA	NGE		_			<del></del>
2. The Florida document number of	this limited lia	ability con	npany is: M		50			
3. Jurisdiction of its organization:						82	16K	
4. Date authorized to do business in	n Florida:10.	)/14/2019				3.4.	83	
SECTION II (5-9 complete only t							ļ.	*****
5. New name of the limited liability	y company: Tomus	OLL BRO	THERS INS Limited Li	SURANCE A ability Com	AGENCY npany, " "	ĽĽÇ ĽĽÝC	्ष्य or "। द्वा	<u>[[]]</u>
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Co-	nanagers or ma	anaging me	mbers ado				<del>188</del> d a	
6. If amending the registered agent registered agent and/or the new reg	and/or register	red officer address her	address on e:	our records.	. <u>enter the</u>	name o	of the_t	<u>new</u>
Name of New Registered Agent:	O CHANGE							
New Registered Office Address:								
			Ei	ner Florida				
			City		, Floric	da	in Cod	<del>le</del>
New Registered Agent's Signature, I hereby accept the appointment as the provisions of all statutes relativ and accept the obligations of my podocument is being filed to merely reliability company has been notified	registered age e to the proper sition as regis eflect a change in writing of th	ent and agr r and comp stered agen e in the reg his change	Agent: ree to act in blete perfori t as provide istered offic	mance of my ed for in Ch	ity. I furth y duties, a capter 605 I hereby c	er agre nd I an , F.S. C confirm	e to co n famil Or, if th that th	omply with liar with his he limited
	If C	Changing F	Registered A	Agent, <u>Signa</u>	ature of N	ew Reg	istere	<u>d Agent</u>

itle/ Capacity	Name	<u>Address</u>	Type of Action
Agr	Nicholas Roberto	101 W. 6th Street, 5th Floor	<b>=</b> Add
		Austin. TX 78701	□Remo
1gr ————	Rick McCathron	101 W. 6th Street, 5th Floor	□Add
		Austin. TX 78701	=Remo
			□Add
			□Remo
<del></del> .			□Add
			□Remo
			□Add
aforementio	a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity	eated by the official having custody of records in the	□Remo

Filing Fee: \$25.00



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 10, 2020, Hippo Builders Two Insurance Agency, LLC, a Domestic Limited Liability Company (LLC) (file number 803320798), changed its name to Toll Brothers Insurance Agency LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 18, 2020.



Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Phone: (512) 463-5555 Prepared by: SOS-WEB

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10254 Document: 977379040002



## Office of the Secretary of State

## CERTIFICATE OF FILING OF

Toll Brothers Insurance Agency LLC 803320798

[formerly: Hippo Builders Two Insurance Agency, LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 03/10/2020

Effective: 03/10/2020

Phone: (512) 463-5555

Prepared by: Renee Guerrero



Ruth R. Hughs Secretary of State



## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Toll Brothers Insurance Agency LLC Filing Number: 803320798

Certificate of Amendment

March 10, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 25, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 T1D: 10266

Dial: 7-1-1 for Relay Services Document: 978964460003



## Office of the Secretary of State

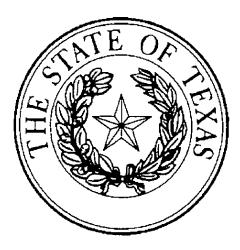
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Toll Brothers Insurance Agency LLC Filing Number: 803320798

Certificate of Formation

May 17, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 05, 2020.



Ruth R. Hughs Secretary of State

ax: (512) 463-57 TID: 10266 Dial: 7-1-1 for Relay Services Document: 987672510003 Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709



### Certificate of Formation Limited Liability Company

Filed in the Office of the Secretary of State of Texas Filing #: 803320798 05/17/2019 Document #: 890116040002 Image Generated Electronically for Web Filing

Filing Fee: \$300	Limited Liability Company	for Web Filing
	Article 1 - Entity Name and Tyr	De
The filing entity being formed is	a limited liability company. The name of th	
Hippo Builders Two Insu	ırance Agency, LLC	
	Article 2 - Registered Agent and Regist	ered Office
☐A. The initial registered agen	nt is an organization (cannot be company na	amed above) by the name of:
	OR	
☑B. The initial registered agen	nt is an individual resident of the state whos	e name is set forth below:
Name:		
Burnie Burner		
C. The business address of the	e registered agent and the registered office	address is:
Street Address: 500 W 5th St, STE 1150	Austin TX 78701-3835	
	Consent of Registered Agen	t
A. A copy of the consent of r	registered agent is attached.	
	OR	<u> </u>
☑B. The consent of the registe	ered agent is maintained by the entity.	
-		ty
A. The limited liability compa	any is to be managed by managers.	
	OR	(the appears is received to the members
□B. The limited liability compa	any will not have managers. Management of	of the company is reserved to the members.
	the governing persons are set forth below:	Tille: Manager
Manager 1: Rick McCathr		Title: Manager
Address: 101 W. 6th Street	Austin TX, USA 78701	
:	Article 4 - Purpose	
The purpose for which the cor liability companies may be org	mpany is organized is for the transaction of ganized under the Texas Business Organiza	any and all lawful business for which limited ations Code.
•		
1		

#### Membership

The Company's membership interest and rights appurtenant thereto shall be set out in a Company Agreement.

#### **Annual or Special Meetings**

Any action which may be taken at any annual or special meeting of the Member(s), may be taken without a meeting, without prior notice and without a vote, if a consent in writing, is signed by the holder(s) of membership interest or proxy holders known to the Company, having not less than the minimum number of votes that would be necessary to take such action at a meeting at which all were present and voted.

#### DISCLAIMER

As the organizer of Hippo Builders Two Insurance Agency, LLC, a company being formed by the filing of this Certificate of Formation with the Secretary of State of Texas, I disclaim any and all interest in said company.

(The attached addendum, if any, is incorporated herein by reference.)

[The attached addendum, if any, is incorporated herein by reference.]

#### Organizer

The name and address of the organizer are set forth below.

Tracy Bowden Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. 500 W 5th ST,

STE 1150 Austin, TX 78701-3835

#### Effectiveness of Filing

✓A. This document becomes effective when the document is filed by the secretary of state.

OF

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

#### Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

#### Tracy Bowden

Signature of Organizer

FILING OFFICE COPY



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 10, 2020, Hippo Builders Two Insurance Agency, LLC, a Domestic Limited Liability Company (LLC) (file number 803320798), changed its name to Toll Brothers Insurance Agency LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 18, 2020.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10254 Dial: 7-1-1 for Relay Services Document: 977379040002

Phone: (512) 463-5555 Prepared by: SOS-WEB



### Office of the Secretary of State

## CERTIFICATE OF FILING OF

Toll Brothers Insurance Agency LLC 803320798

[formerly: Hippo Builders Two Insurance Agency, LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 03/10/2020

Phone: (512) 463-5555

Prepared by: Renee Guerrero

Effective: 03/10/2020



Ruth R. Hughs Secretary of State



## Office of the Secretary of State

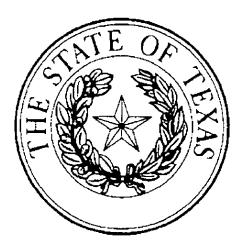
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

> Toll Brothers Insurance Agency LLC Filing Number: 803320798

Certificate of Amendment

March 10, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 25, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services

Document: 978964460003

Fax: (512) 463-5709

#### Form 424

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709



Certificate

Filed in the Office of the Secretary of State of Texas Filing #: 803320798 03/10/2020 Document #: 954433460003 Image Generated Electronically

Filing Fee: See instructions	of Amendment	for Web Filing
	Entity Information	
The filing entity is a: <b>Domestic</b>	Limited Liability Company (LLC)	
	man and an animalian Man	
The name of the filing entity is:	Hippo Builders Two Insurance Age	HCY, LLO
 !		0700
The file number issued to the filing	ng entity by the secretary of state is: 803320	<u> </u>
	Amendment to Name	and the second as the se
The amendment changes the fo	mation document of the filing entity to change	e the article or provision that names the
entity. The article or provision is	amended to read as follows:	·
i		
The name of the filing entity is:	~ ·	
Toll Brothers Insurance	Agency LLC	
Ton Brotheye	<del></del>	- ·
A letter of consent, if applicable	is attached.	
A letter of consent, it approach		
	Statement of Approval	
The amendment has been appr	oved in the manner required by the Texas B	usiness Organizations Code and by the
governing documents of the ent	tity.	
	Effectiveness of Filing	of state
☑A. This document becomes e	effective when the document is filed by the se	cretary of state.
TB. This document becomes a filing by the secretary of state.	effective at a later date, which is not more that The delayed effective date is:	in ninety (90) days from the date of its
	Execution	a de la constanta de motocolla folso
The undersigned signs this doc or fraudulent instrument and de Business Organizations Code to	cument subject to the penalties imposed by la eclares under penalty of perjury that the unde to execute the filing instrument.	rsigned is authorized under the Texas
Date: March 10, 2020	Richard Mc	<u>Cathron</u>
Date. 11141 011 111	Signature of author	rized person

FILING OFFICE COPY