807412

(Requestor's Name)				
(Addre	ss)		
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	City/S	tate/Zip/Pho	ne #)	
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PICK-UP		WAIT		MAIL
 (Busin	ess Entity Na	ame)	
	Docur	nent Numbe	r)	
Certified Copies		Certificati	es of Sta	itus
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Special Instructions	to Fill	ng Officer:		

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COVER LETTER

TO: Amendme	nt Section Division of Corporation	ons	
SUBJECT: Govern	ment Employees Insurance Com	pany	
30BJEC1	Name	of Corporation	
DOCUMENT NU	MBER: 807412		
The enclosed Amer	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this man	tter to the following:	
Robyn Wells			
	Name of Contact Person		
GEICO			
	Firm/Company		
One GEICO Plaza			
	Address		
Washington, DC 20	0076		
_	City/State and Zip Code		
rwells@geico.com			
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Robyn Wells		at ()	
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303



July 1, 2021

ROBYN WELLS GEICO ONE GEICO PLAZA WASHINGTON, DC 20076 US

SUBJECT: GOVERNMENT EMPLOYEES INSURANCE COMPANY

Ref. Number: 807412

We have received your document for GOVERNMENT EMPLOYEES INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6823.

Letter Number: 521A00015126

Annette Ramsey OPS

www.sunbiz.org

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

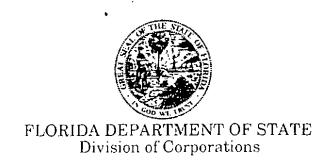
SECTION I (1-3 MUST BE COMPLETED)

APPLICATION BY FOREIGN PROFIT CORPORA	ORPORATION THON TO FILE AMENDMENT TO APPLICATION FOR ANSACT BUSINESS IN FLORIDA
	s. 607.1504. F.S.)
	ANSACT BUSINESS IN FLORIDA os. 607.1504, F.S.) CTION I BE COMPLETED) of corporation (if known)
807412	
(Document number	of corporation (if known)
GOVERNMENT EMPLOYEES INSURANCE COMPANY	
(Name of corporation as it appears of Maryland	3.08/14/1947
(Incorporated under laws of)	(Date authorized to do business in Florida)
	CTION II FIFE APPLICABLE CHANGES) s the change effected under the laws of its jurisdiction of
Not Applicable	
(Name of corporation after the amendment, adding suffix "corpo not contained in new name of the corporation)	ration," "company," or "incorporated," or appropriate abbreviation, if
(If new name is unavailable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate no	ew period of duration.
Not Appliable	
(Nev	w duration)
 If the amendment changes the jurisdiction of incorporation, Nebraska 	indicate new jurisdiction.
(New	jurisdiction)
3. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent Not Applicable	
(Florida st	reet address)
Not Applicable	
New Registered Office Address: (Cit	, Florida (y) (Zip Code)
Name Desire and Appendix Simulation in the contract Desire and A	uent:
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famil	gent. iar with and accept the obligations of the position.
Signature of New Registered Agent, if changin	g.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Not a	Applicable		
			©Remove
			QAdd
			Remove
			□Add
			Remove
			□Add
			CRemove
 Attached is a certification to under the laws of w 	cate or document of similar import, eventhe Department of State, by the Secreta hich it is incorporated. — Docusioned by:	ridencing the amendment, authenticated no try of State or other official having custody	ot more than 90 days prior to delive of corporate records in the jurisdicti
	Jonathan L. Shafner		
Jonathan L. Sh	a receiver or other co	or, president or other officer - if in the han ourt appointed fiduciary, by that fiduciary) General Couns	
(Type	ed or printed name of person signing)	(Title of per	son signing)

FILING FEE \$35.00



July 1, 2021

ANDREW KEE 4819 SHERRY LANE FORT MYERS, FL 33908 US

SUBJECT: PALMETTO POINT ASSOCIATION, INC.

Ref. Number: 749233

We have received your document for PALMETTO POINT ASSOCIATION, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6823.

Letter Number: 221A00015124

Annette Ramsey OPS

www.sunbiz.org

STATE OF NEBRASKA DEPARTMENT OF INSURANCE

CERTIFICATE OF COMPLIANCE

July 07, 2021

I, ERIC DUNNING, Director of Insurance for the State of Nebraska, being the official charged by law with the supervision of insurance in said state, do hereby certify that the GOVERNMENT EMPLOYEES INSURANCE COMPANY. a Nebraska insurance corporation, is duly organized under the laws of this State and that said company has complied with all the requirements of the laws of this State and that it is authorized to issue policies and transact the business of insurance as described by subsection(s) 04 Sickness and Accident Insurance, 05 Property Insurance, 07 Glass Insurance, 08 Burglary and Theft Insurance, 09 Boiler and Machinery Insurance, 10 Liability Insurance, 11 Workers Comp and Employers Liability, 12 Vehicle Insurance, 13 Fidelity Insurance, 14 Surety Insurance, 16 Credit Insurance, 18 Marine Insurance, 20 Miscellaneous Insurance of Section 44-201 of the Nebraska Statutes.

I hereto subscribe my name under the seal of my office at Lincoln, Nebraska.



DIRECTOR OF INSURANCE