F02000003013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
20 FEB 21 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 179864 7393609

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : February 13, 2020

ORDER TIME : 10:11 AM

ORDER NO. : 179864-275

CUSTOMER NO: 7393609

FOREIGN FILINGS

NAME: ALLIANT INSURANCE SERVICES, INC.

XX CORPORATE
_____ LIMITED PARTNERSHIP
_____ 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: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

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

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F02000003013

(Document number of corporation (if known)

1. ALLIANT INSURANCE SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 06/13/2002

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5. _____

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

_____

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

_____

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

California

(New jurisdiction)

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8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated 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 corporate records in the jurisdiction under the laws of which it is incorporated.

☑ _____

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jennifer E. Baumann

(Typed or printed name of person signing)

Secretary

(Title of person signing)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALLIANT INSURANCE SERVICES, INC.

FILE NUMBER:	C2028182
FORMATION DATE:	01/31/2020
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 04, 2020.

ALEX PADILLA
Secretary of State