

F05000007204

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing date of submission 7/7/10

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

Email Address: _____

RECEIVED

2010 JUL -8 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN.
MERCATOR RISK SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$35.00

FILED
10 JUL -7 PM 3:54
STATE
TALLAHASSEE, FLORIDA

NR



July 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MERCATOR RISK SERVICES, INC.
1185 AVENUE OF THE AMERICAS
36TH FLOOR
NEW YORK, NY 10036

SUBJECT: MERCATOR RISK SERVICES, INC.
REF: F05000007204

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

Please correct block #3.

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

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Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000156382
Letter Number: 210A00016563

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mercator Risk Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F05000007204

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
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\$43.75 Filing Fee &
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\$52.50 Filing Fee,
Certificate of Status &
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(Additional copy is
enclosed)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

F05000007204

(Document number of corporation (if known))

1. Mercator Risk Services, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 12/07/05
(Incorporated under laws of) (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? 05/17/2010

5. Sharebridge Private Equity Consolidated, Inc.
(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.

(New jurisdiction)

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.

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

Philip V. Moyles, Jr.
(Typed or printed name of person signing)

President
(Title of person signing)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MERCATOR RISK SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SHAREBRIDGE PRIVATE EQUITY CONSOLIDATED, INC.", THE SEVENTEENTH DAY OF MAY, A.D. 2010, AT 11:35 O'CLOCK A.M.

3996708 8320

100713430

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8093488

DATE: 07-02-10