

F06000004125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2017 JAN 18 P 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 23 2016

T. LEMEUX

*LeMeux*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Guaranty Insurance Services, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F06000004125

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Dockins

\_\_\_\_\_  
Name of Contact Person

INSURICA TX Insurance Services, Inc.

\_\_\_\_\_  
Firm/Company

2301 W. Plano Pkwy., Ste. 108

\_\_\_\_\_  
Address

Plano, TX 75075

\_\_\_\_\_  
City/State and Zip Code

gisilicensing@insurica.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Dockins

\_\_\_\_\_  
Name of Contact Person

at ( 469 )

443-3382

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

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

**(1-3 MUST BE COMPLETED)**

(Document number of corporation (if known))

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

**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

- its jurisdiction of incorporation? 12-16-2016

- (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)

- (New duration)

- (New jurisdiction)

- 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)

**Vice President**

(Title of person signing)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### CERTIFICATE OF FILING OF

INSURICA TX Insurance Services, Inc.  
72459100

[formerly: Guaranty Insurance Services, Inc.]

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: 12/16/2016

Effective: 12/16/2016



A handwritten signature in black ink, appearing to read "Casco", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

Form 424

Secretary of State  
P.O. Box 13897  
Austin, TX 78711-3697  
FAX: 512/463-5709



**Certificate  
of Amendment**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 72459100 12/16/2016  
Document #: 704826600003  
Image Generated Electronically  
for Web Filing

Filing Fee: See Instructions

**Entity Information**

The filing entity is a: **Domestic For-Profit Corporation**

The name of the filing entity is: **Guaranty Insurance Services, Inc.**

The file number issued to the filing entity by the secretary of state is: **72459100**

**Amendment to Name**

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

**INSURICA TX Insurance Services, Inc.**

A letter of consent, if applicable, is attached. **Consent Letter.pdf**

**Statement of Approval**

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing**

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

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

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: **December 16, 2016**

**Michael F. Ross, President**

Signature of authorized person

FILING OFFICE COPY