

F06000005999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

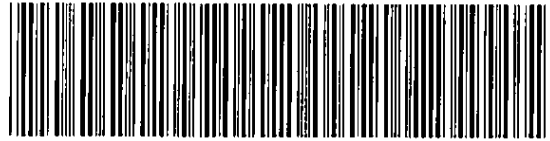
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 OCT 30 AM 10:03

R. HUNT
10/30/23

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/30/2023

Acc#I20160000072

en: c DW

Name:	Hausmann-Johnson Insurance, Inc.
Document #:	
Order #:	15180675

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Hausmann-Johnson Insurance, Inc.

Name of Corporation

DOCUMENT NUMBER: F06000005997

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Lane

Name of Contact Person

Hausmann Group, Inc.

Firm/Company

740 Regent Steet, Ste 400

Address

Madison, WI 53715

City/State and Zip Code

jlane@myhaus.com

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

For further information concerning this matter, please call:

Jason Lane

at (608) 535-3855

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check 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

FILED
DIVISION OF CORP. ORIGIN
2023 OCT 30 PM 12:40

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F06000005997

(Document number of corporation (if known))

1. Hausmann-Johnson Insurance, Inc.

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

2. Wisconsin

(Incorporated under laws of)

3. 09/15/2006

(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? 05/17/2023

5. Hausmann Group, 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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing


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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove

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CLERK OF STATE
DIVISION OF CORPORATIONS

10. 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)

Jason Lane

(Typed or printed name of person signing)

Treasurer / VP of Finance

(Title of person signing)

FILING FEE \$35.00

DFI/CORP/30
RECORD
2022

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department.

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Date: 10/20/2023

By: Karyna Prakapenka



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FILING FEE \$40.00

Please check box to request ☐ + \$25.00
Optional Expedited Service

FORM **4**

**AMENDMENT TO
ARTICLES OF INCORPORATION
BUSINESS CORPORATION**

Sec. 180.1006, Wis. Stats.

1. The corporate name (prior to any change effected by this amendment) is:

Hausmann-Johnson Insurance, Inc.

(Enter corporate name, prior to any change)

2. Text of Amendment (Identify each article of the current articles of incorporation that is being amended and how the amended article is to read. Attach additional pages if needed.)

Article I of the Restated Articles of Incorporation is hereby amended to read in its entirety as follows:

"The name of the corporation is: Hausmann Group, Inc."

3. The foregoing amendment(s) were adopted on May 17, 2023 by the following method:
(Date of adoption)

(Indicate the method of adoption by checking (X) the appropriate choice below.)

☐ in accordance with sec. 180.1002, Wis. Stats. (adopted by the board of directors without shareholder action)

OR

☒ in accordance with sec. 180.1003, Wis. Stats. (proposed by the board of directors and approved by the shareholders)

OR

☐ in accordance with sec. 180.1005, Wis. Stats. (adopted by the incorporators or the board of directors prior to the issuance of any shares by the corporation)

4. Executed on May 17, 2023
(Date)

Title: ☒ President ☐ Secretary
or other officer title _____

(Signature)

Barron Richter

(Printed name)

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DIVISION OF CORPORATE & CONSUMER SERVICES
STATE OF WISCONSIN

This document was drafted by DeWitt LLP - Bradley W. Raaths
(Name the individual who drafted the document)

(Optional) This document has a **delayed** effective date/time of: _____
(up to 90 days after received date)

Contact Information:

DeWitt LLP c/o Bradley W. Raaths

Name

2 East Mifflin Street, Suite 600

Mailing Address

Madison

WI

53703

City

State

Zip Code

bwr@dewittllp.com

(608) 255-8891

Email Address

Phone Number

INSTRUCTIONS (Refer to section 180.1006, Wis. Stats., for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the \$40.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.

Item 1. State the name of the corporation (before any change effected by this amendment).

Item 2. Specify the amendment(s) to the corporation's articles of incorporation by identifying each article that is being amended, and how the amended item is to read.

Item 3. Specify the date the amendments were adopted and select one of the three available methods of adoption under applicable law. Select the first method only if the amendments were adopted by the corporation's board of directors without shareholder action, in accordance with section 180.1002 of the Wisconsin Statutes. Select the second method if the amendments were proposed by the board and approved by the corporation's shareholders in accordance with section 180.1003 of the Wisconsin Statutes. Select the third method only if the amendments were adopted by the board or the corporation's incorporators prior to the issuance of any shares by the corporation (i.e., before it had any shareholders), in accordance with section 180.1005 of the Wisconsin Statutes.

Item 4. This document must be executed by an officer of the corporation, subject to two limited exceptions: (1) if directors have not been selected, it may be signed by an incorporator identified in the initial articles of incorporation; and (2) if the corporation is in the hands of a receiver, trustee or other court-appointed fiduciary, it may be signed by the fiduciary. Corporate directors are not authorized to sign this document in their capacities as directors. (A corporate director who also serves as an officer may sign the document, but that person must sign in their capacity as an officer of the corporation.)

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DEPT. OF FINANCIAL INSTITUTIONS
DIVISION OF CORPORATE & CONSUMER SERVICES



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF AMENDMENT - DOMESTIC BUSINESS CORPORATION - FORM 4 - Ch. 180

HAUSMANN-JOHNSON INSURANCE, INC.

Received Date: 6/1/2023

Filed Date: 6/7/2023

Filing Fee: \$40.00

Expedited Fee: \$25.00

Total Fee: \$65.00

Entity ID#: 1H08563

name change

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DIVISION OF CORPORATIONS
STATE OF WISCONSIN