

FO6000006228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

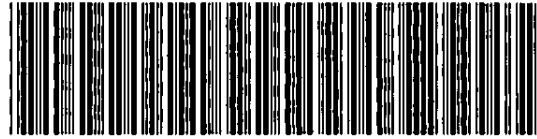
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 APR 30 PM 4:23

TO ACKNOWLEDGE
EFFICIENCY OF FILING

FILED
13 APR 30 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FFVO
Back Date

6/6/19



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 592422 7358465

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : April 1, 2013

ORDER TIME : 3:40 PM

ORDER NO. : 592422-025

CUSTOMER NO: 7358465

FOREIGN FILINGS

NAME: DIVERSIFIED 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: Susie Knight -- EXT# 52956

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

592422
2013 JUN -6 AM 03:51
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO REGISTER
SUFFICIENCY OF FILING

May 1, 2013

CSC
Atten: Susue Knight
1201 Hays Street
Tallahassee, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: DIVERSIFIED INSURANCE SERVICES, INC.
Ref. Number: F06000006228

We have received your document for DIVERSIFIED INSURANCE SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000155667.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 013A00010480

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diversified Insurance Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000006228

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coral Benton

Name of Contact Person

Diversified Insurance

Firm/Company

100 N. Corporate Drive, Suite 100

Address

Brookfield, WI 53045

City/State and Zip Code

diversified@div-ins.com

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

For further information concerning this matter, please call:

Coral Benton

at (262) 439-4700

Name of Contact Person

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

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)

F06000006228

(Document number of corporation (if known))

FILED
13 APR 30 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Diversified Insurance Services, Inc.

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

2. Wisconsin

(Incorporated under laws of)

3. 09/28/2006

(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? 12/31/2012

5. Diversified Insurance Solutions, 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)

Diversified Insurance Solutions of Wisconsin, Inc.

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

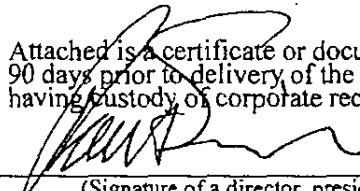
6. If the amendment changes the period of duration, indicate new period of duration.

(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.



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

Robert Sowinski

(Typed or printed name of person signing)

CEO

(Title of person signing)

TEMPLATE
2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that an Amendment to the Articles of Incorporation was filed with this department December 31, 2012 changing the name of DIVERSIFIED INSURANCE SERVICES, INC. to the present name of DIVERSIFIED INSURANCE SOLUTIONS, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on April 4, 2013.

Paul M. Holzem

PAUL M. HOLZEM, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

BY:

Cathy McKelton