

FD-0000007709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

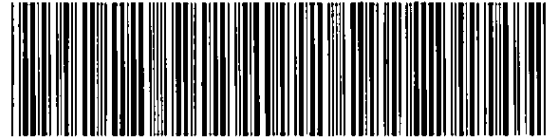
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 15 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FL

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2021 OCT 15 PM 3:53  
TALLAHASSEE FL

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

ACCOUNT NO. : I20000000195  
REFERENCE : 101564 8307843  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 43.75

ORDER DATE : October 12, 2021  
ORDER TIME : 2:46 PM  
ORDER NO. : 101564-005  
CUSTOMER NO: 8307843

FOREIGN FILINGS

NAME: ONECIS INSURANCE COMPANY

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OneCIS Insurance Company

Name of Corporation

DOCUMENT NUMBER: F06000007709

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teri Trimmer

Name of Contact Person

Firm/Company

2000 NE 21 Avenue

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

teri.trimmer@bureauveritas.com

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

For further information concerning this matter, please call:

Teri Trimmer

Name of Contact Person

at ( 954 ) 2330238

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

**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)**

F06000007709

(Document number of corporation (if known))

1. OneCIS Insurance Company

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

2. Illinois

(Incorporated under laws of)

3. 12/14/2006

(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? 10/01/2021

5. Bureau Veritas Inspection and Insurance Company

(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

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TALLAHASSEE, FLORIDA

Title/ Capacity                      Name                                      Address                                      Type of Action

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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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.

*Heather B Bush*

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

Heather B. Bush  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

VP and Secty  
 \_\_\_\_\_  
 (Title of person signing)

**FILING FEE \$35.00**

**STATUTE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**



**WHEREAS**, the Bureau Veritas Inspection and Insurance Company (formerly OneCIS Insurance Company) located at County of DuPage in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company;

**NOW, THEREFORE**, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)


(b), (c), (d), (g), (h), (i), (j) of Class 2

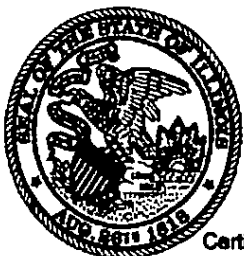
(b), (c), (d), (e), (g), (h) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE of the State  
of Illinois;

DATE: October 13, 2021

  
DANA POPISH SEVERINGHAUS  
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance