

FD0000007709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

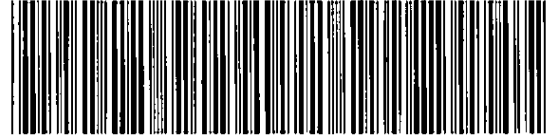
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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

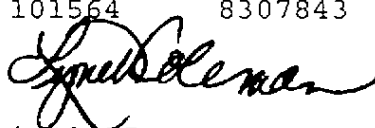
RECEIVED
2021 OCT 15 PM 3:53
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 101564 8307843

AUTHORIZATION :



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: Eyliena 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

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

SECTION I

F06000007709

(Document number of corporation (if known))

OneCIS Insurance Company

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

Illinois

12/14/2006

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

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

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:

SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315

Title/ Capacity

Name

Address

Type of Action

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

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

2024 OCT 15 AM 8:41
RECEIVED
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED

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 POISH SEVERINGHAUS
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance