F07000002324

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<u></u>
(Document Number)
(2000)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

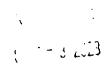




000414826620

09/05/23--01021--002 **43.75

20:4



COVER LETTER

TO: Ame	endment Section Division of Corpo	prations	
SUBJECT:_	eterson McGregor & Associates, In	nc.	
		ame of Corporation	
The enclosed a	Amendment and fee are submitted ll correspondence concerning this	for filing.	
Deanna Stanley		tollowing.	
	Name of Contact Person		
Kennedy Licen	sing Service, Inc.		
	Firm/Company		
1600 East Pione	eer Pkwy., Suite 340		
	Address		
Arlington, TX	76010		
	City/State and Zip Code		
dstanley@kenne	dylicensing.com		
H-mail add	ress; (to be used for future annual	report notification)	
For further information Deanna Stanley	nation concerning this matter, plea	se call:	
	ne of Contact Person	at (214 855-0737 Area Code & Daytime	
Enclosed is a chec	ck for the following amount:	Their Code & Daylime	Felephone Number
JS35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	S52.50 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.)

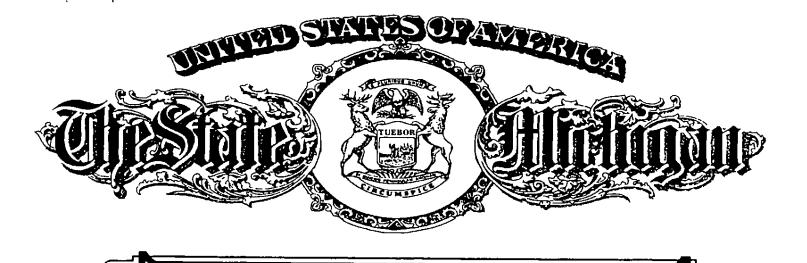
SECTION I (1-3 MUST BE COMPLETED)

07000	0002324	
	(Document number of corporation (if kno	own)
Peterson McGregor & Associates, Inc.		
(Name of c	corporation as it appears on the records of the D	Department of State)
2. Michigan	3, 4/30/2007	
(Incorporated under		authorized to do business in Florida)
(4-7	SECTION II COMPLETE ONLY THE APPLICABLE	CHANGES)
4. If the amendment changes the name of the incorporation? 8/16/2023	ne corporation, when was the change effected t	under the laws of its jurisdiction of .
Highstreet Insurance Services Great Lake	es Inc.	·
(Name of corporation after the amendme	ent, adding suffix "corporation," "company," o	r "incorporated," or appropriate abbreviation.
not contained in new name of the corpor	ation)	
Of new name is unavailable in Florida er	nter alternate corporate name adopted for the p	
	d of duration, indicate new period of duration. (New duration)	
7. If the amendment changes the jurisd	fiction of incorporation, indicate new jurisdicti	on.
	(New jurisdiction)	
If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter egistered office address;	the name of the
Name of New Registered Agent		
 -	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if I hereby accept the appointment as registered.	changing Registered Agent: tered agent. I am familiar with and accept the	e obligations of the position.
Signature of New Regi	istered Agent, if changing	

9 If the union	Alment changes person, title or capacity in a	coordance with 607,1504 (4), indicate that change,	
1 <u>nte_Capacity</u>	<u>Name</u>	<u>Adaress</u> Jy	De of Action
			_Remove
			_ — — Add
			Remove
			Q _{Add}
			_ Gremove

			Remove
			_ □Add
			ERemove
10. Attached is of the application of the application of the law and the law are applications.	a certificate or document of similar importation to the Department of State, by the Sectors of which it is incorporated.	evidencing the amendment, authenticated not pretary of State or other official having custody of c	ore than 90 days prior to defivery orporate records in the jurisdiction
	Tu-	Muth	
n :6 ij	(Signature of a dir a receiver or othe	ector, president or other officer - if in the hands or r court appointed tiduciary, by that fiduciary)	1
-121	(Typed or printed name of person signing	(Title of person	signing)

THANG FEE \$35.00



Lansing, Michigan

Department of Licensing and Regulatory Affairs

This is to Certify That

HIGHSTREET INSURANCE SERVICES GREAT LAKES INC.

was validly incorporated on May 24, 2002 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

Conversal Legisland Commercial Legisland

Sent by electronic transmission

Certificate Number: 23080685202

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of August, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

COVER LETTER

	ent Section Division of Corporation	ons	
Peters SUBJECT:	on McGregor & Associates, Inc.		
	Name	of Corporation	
DOCUMENT NO	JMBER: F07000002324		
The enclosed Amo	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Deanna Stanley			
	Name of Contact Person		
Kennedy Licensin	g Service, Inc.		
	Firm/Company		
1600 East Pioneer	Pkwy., Suite 340		
	Address	· · · · · · · · · · · · · · · · · · ·	
Arlington, TX 76	010		
	City/State and Zip Code		
dstanley@kennedg	vlicensing.com		
E-mail addre	ess: (to be used for future annual r	eport notification)	
For further inform	ation concerning this matter, pleas	se call:	
Deanna Stanley		at ()855-0737	
Nam	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
IS35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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Division of Corporations
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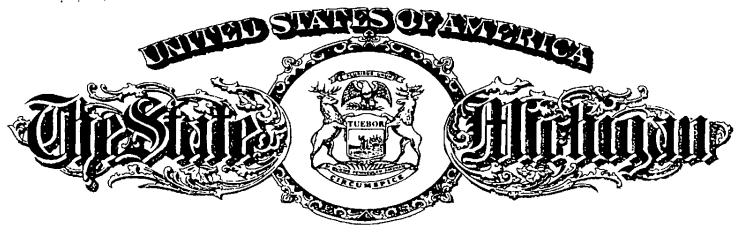
SECTION I (1-3 MUST BE COMPLETED)

07000002324

		(Document number of c	orporation (if known)	_
Peterson McGreg	or & Associates, Inc.			
	(Name of corpor	ration as it appears on th	e records of the Departmen	t of State)
Michigan			3, 4/30/2007	
	(Incorporated under laws	of)	(Date authorized	to do business in Florida)
	(4-7 CO)	SECTION SECTIO	ON II APPLICABLE CHANGE	ES)
If the amendment incorporation?	t changes the name of the cor/16/2023	rporation, when was the		aws of its jurisdiction of
Highstreet Insura	nce Services Great Lakes Inc	2.		
(Name of corpor not contained in	ation after the amendment, a new name of the corporation	dding suffix "corporatio	n," "company," or "incorpo	ट्यें orated," or appropriate abbreviat
(If new name is u	navailable in Florida, enter a	alternate corporate name	adopted for the purpose of	transacting business in Florida)
. If the ameno	finent changes the period of (duration, indicate new p	eriod of duration.	
		(New du	ration)	
. If the ameno	dment changes the jurisdiction	on of incorporation, indic	rate new jurisdiction.	
	-	(New juris	diction)	
If amending the new registered :	registered agent and/or re agent and/or the new regist	egistered office address ered office address;	in Florida, enter the nam	e of the
<u>Name of Ne</u>	w Registered Agent			
		(Florida street	address)	
New Registere	ed Office Address:	/C''	I	Florida
		(City)		(Zip Code)
New Registered	l Agent's Signature, if char he appointment as registered	nging Registered Agent	i National consists for the	and the second
тистену ассери і	не арронитені as registered	a agent, - 1 am Jamiliar y	vun ana accept the obligation	ons of the position.
	Signature of New Registere	ed Avent if chemoine		
	The state of the s	regard, g andinging		

9 If the amendmen	nt changes person, title or capacity	in accordance with 607.3504 (4), indicate (hat change
Jales <u>C</u> apac <u>ity</u>	<u>N</u> ame	Δg dress	Type of Action
			Remove
			□Add
			Remove
<u></u> .			Q _{Add} ;
			Remove
			Remove
10 Attached is a ver of the application under the laws of	tificate or document of similar ind to the Department of State, by the which it is incorporated.	port, evidencing the amendment, authenti Secretary of State or other official having o	cated not more than 90 days prior to deliver custody of corporate records in the jurisdiction
		Muth	the hands of
<u> Jenn</u> i	a receiver or	other court appointed indicutry, by that it	(Left) Le of person signing)

FILING FEE \$35.00



Department of Licensing and Regulatory Affairs

Lansing, Michigan

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Sent by electronic transmission

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Certificate Number: 23080685202