

F07 0000005647

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(Business Entity Name)

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N/c amend

2021 JUN 21 AM 9:34

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 2 2 2021  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** ARMTECH INSURANCE SERVICES, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F07000005647

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey S. Dilley

\_\_\_\_\_  
Name of Contact Person

Henke-Butkin Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

PO Box 39

\_\_\_\_\_  
Address

Clarksdale, MS 38614

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeffrey S. Dilley

at ( 662 ) 624-8500

\_\_\_\_\_  
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

**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)**

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2021 JUN 21 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- \_\_\_\_\_  
(Document number of corporation (if known))
1. ARMTECH INSURANCE SERVICES, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. \_\_\_\_\_  
(Incorporated under laws of) (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? 4/5/2021 (with effective date of 6/30/2021)
5. AgriSompo North America, 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:**

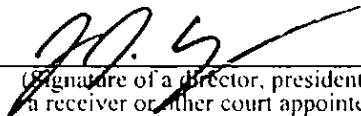
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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



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

Zane J. Vaughn

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00



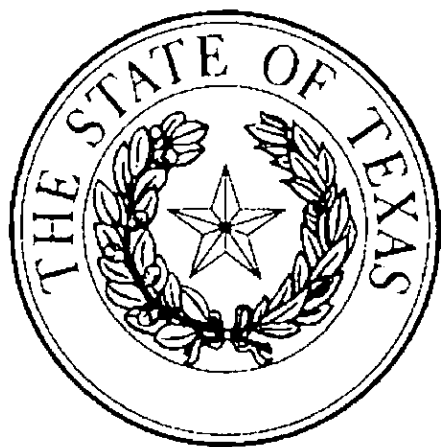
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that on April 05, 2021, ARMTECH INSURANCE SERVICES, INC., a Domestic For-Profit Corporation (file number 155171000), changed its name to AgriSompo North America, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 09, 2021.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza  
Deputy Secretary of State