F11000000241

(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:

Office Use Only

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11/09/20--01024--024 **35.00

Amend
changing

DEC 16 2020

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seven Corners Insurance Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: F11000000241

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Anthony
Name of Contact Person

Central Licensing Bureau
Firm/Company

1501 N University, Suite 550
Address

Little Rock, AR 72207
City/State and Zip Code

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

For further information concerning this matter, please call:

Brenda Anthony - CLB at (501) 664-8044
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Central Licensing Bureau, Inc.
1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL W
Pre

November 4, 2020

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to change the domicile state of **Seven Corners Insurance Solutions, Inc.** from **Indiana** to **California** in your state.

I trust this letter and the enclosed documents/fees place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration in this filing.

Sincerely,

Brenda Anthony

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

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)

F11000000241
(Document number of corporation (if known)

1. Seven Corners Insurance Solutions, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Indiana (Incorporated under laws of)

3. 01/19/2011 (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?

5. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviat 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.

California
(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:

Title/ Capacity	Name	Address	Type of Action
VP	Stuart Shiroma	21241 S Western Ave. Ste 250	Add
		Torrance, CA 90501	[x] Remove
S/D	James Krampen	300 Congressional Boulevard	Add
		Carmel, IN 46032	[x] Remove
Director	Edwin Tysdal	300 Congressional Boulevard	Add
		Carmel, IN 46032	[x] Remove
Director	Justin Tysdal	300 Congressional Boulevard	Add
		Carmel, IN 46032	[x] Remove
S/T/D	Emiko Sasahara	21241 S Western Ave. Ste 250	x Add
		Torrance, CA 90501	Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the ju 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)

Emiko Sasahara — (Typed or printed name of person signing)

Secty/Treas/Director — (Title of person signing)

FILING FEE $35.00

Secretary of State
Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name:	SEVEN CORNERS INSURANCE SOLUTIONS, INC.
File Number:	C4629324
Registration Date:	08/10/2020
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of October 13, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 14, 2020.

ALEX PADILLA
Secretary of State

Certificate Verification Number: REPAPJY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

State of Indiana
Office of the Secretary of State

Certified Copies

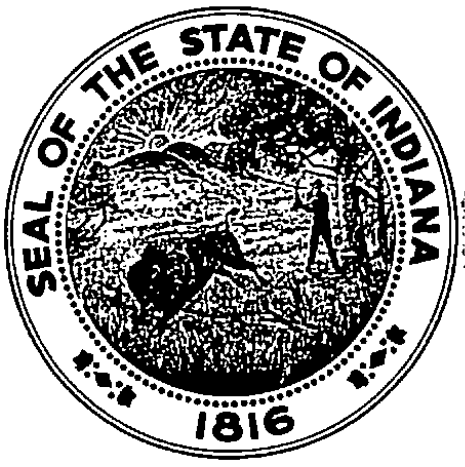
To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this **5** page document consisting of the following records filed in this office:

Certification Date: October 26, 2020
Business Name: SEVEN CORNERS INSURANCE SOLUTIONS, INC.
Business ID: 2008101400565

Transaction	Date Filed	No. of pages
Articles of Domestication	08/27/2020	5
	Total No. of pages	5



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 26, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2008101400565 / 13171843
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on November 25, 2020.

State of Indiana
Office of the Secretary of State

Certificate of Domestication
of
SEVEN CORNERS INSURANCE SOLUTIONS, INC.

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Domestication of the above Domestic For-Profit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, August 25, 2020.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 27, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2008101400565 / 8700436

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

Approved and Filed
20081014005651870436
Filing Date: 08/27/2020
Effective :08/25/2020 15:42
CONNIE LAWSON
Indiana Secretary of State

ARTICLES OF DOMESTICATION
DOMESTICATION OF AN INDIANA ENTITY INTO A FOREIGN ENTITY

State Form 56358 (R / 6-19)

Indiana Code 23-0.5-9-51
23-0.6-5-5

FILING FEE: $30.00

The undersigned, desiring to domesticate an Indiana entity into a foreign jurisdiction pursuant to the provisions of Indiana Code 23-0.6-5, executes the following Articles of Domestication.

ARTICLE I – NAME AND JURISDICTION OF ENTITY

SECTION 1: Name of the entity

a. The name of the entity immediately before filing these Articles of Domestication
Seven Corners Insurance Solutions, Inc.

b. The name of the entity immediately after filing these Articles of Domestication
Seven Corners Insurance Solutions, Inc.

SECTION 2: Entity type *(Example: corporation, limited liability company, etc.)*

The entity type of the domesticating entity
Corporation

SECTION 3: Jurisdiction

The jurisdiction of formation of the entity immediately before filing these Articles of Domestication
Indiana

The jurisdiction of formation of the entity immediately after filing these Articles of Domestication
California

ARTICLE II – EFFECTIVE DATE

Effective date of the Articles of Domestication *(month, day, year) (The effective date may not be more than ninety (90) days after the date the Articles of Domestication were filed)*
8/10/2020

ARTICLE III – SERVICE OF PROCESS INFORMATION

The entity must provide an address and e-mail address to which the Secretary of State may send any process served on the Secretary of State pursuant to Indiana Code 23-0.6-5-6(a).

Number and street	City	State	ZIP code
21241 Western Avenue, Suite 250	Torrance	CA	90501

(OPTIONAL) E-mail address

ARTICLE IV – APPROVAL

This domestication was approved in accordance with Indiana Code 23-0.6.

In Witness Whereof, the undersigned duly authorized representative of the entity executes these Articles of Domestication and verifies, subject to penalties of perjury, that the statements contained herein are true, this 21 day of July, 20 20.

Signature

Printed name: Emiko Sasahara

Title: Secretary

RECEIVED
IND. SECRETARY OF STATE
AUG 25 2020

CertificateID:13171843

Approved and Filed
20081014005658700436
Filing Date: 08/27/2020
Effective :08/25/2020 15:42
CONNIE LAWSON
Indiana Secretary of State

4629324

CONV FE-GS

Secretary of State
Articles of Incorporation with Statement of Conversion – Foreign Entity to a California Stock Corporation

IMPORTANT — Read instructions before completing this form.

Filing Fee – $150.00

Copy Fees – First page $1.00; each attachment page $0.50; Certification Fee - $5.00

Note: Most corporations have to pay a minimum $800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

FILED KK
Secretary of State
State of California

AUG 10 2020

JRM

ICC

This Space For Office Use Only

1. **Name of Converted California Corporation** (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

The name of the converted California corporation is Seven Corners Insurance Solutions, Inc.

2. **Business Addresses of the Converted California Corporation** (Enter the complete business addresses.)

a. Initial Street Address of Corporation - Do not list a P.O. Box.	City (no abbreviations)	State	Zip Code
21241 Western Avenue, Suite 250	Torrance	CA	90501
b. Initial Mailing Address of Corporation, if different than Item 2a.	City (no abbreviations)	State	Zip Code

3. **Service of Process** (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation).	Middle Name	Last Name	Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box.	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b.

National Registered Agents, Inc. (C1941323)

4. **Shares** (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.
The total number of shares which this corporation is authorized to issue is 2,000.

- CONTINUE ON NEXT PAGE –

Approved and Filed
20081014005658700436
Filing Date: 08/27/2020
Effective :08/25/2020 15:42
CONNIE LAWSON
Indiana Secretary of State

4629324

Articles of Incorporation with Statement of Conversion
Foreign Entity to a California Stock Corporation
(Page 2 of 2)

5. **Purpose Statement** (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

6. **Statement of Conversion for Foreign Entity**

6a. The name of the converting foreign entity is Seven Corners Insurance Solutions, Inc.

It is a Corporation
Type of foreign entity

formed in Indiana
Jurisdiction of organization of converting foreign entity

6b. The foreign entity's California Secretary of State file number is _____

6c. The foreign entity is authorized to effect the conversion by the laws under which it is formed, and it has approved a plan of conversion or other instrument to effect the conversion as required by the laws under which it is formed. The conversion has been approved by the number or percentage of applicable holders of interest of the foreign entity as is required by the laws under which it is formed.

7. **Sign Below. Do not use computer generated signature. (See instructions for signature requirements.)**

Additional article provisions set forth on attached pages, if any, are incorporated herein by reference and made part of this Form CONV FE-GS. (All attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form CONV FE-GS.)

Signature of Authorized Person as Incorporator — Emiko Sasahara
Type or Print Name

Signature of Authorized Person as Incorporator — Type or Print Name

Approved and Filed
20080101400565/8700436
Filing Date: 08/27/2020
Effective :08/25/2020 15:42
CONNIE LAWSON
Indiana Secretary of State

I hereby certify that the foregoing
transcript of 2 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

AUG 20 2020

Date:

ALEX PADILLA, Secretary of State

CertificateID:13171843