F11000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

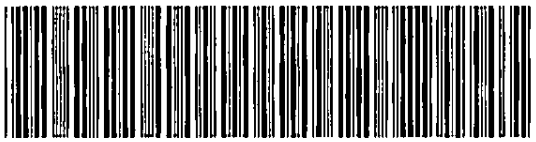
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/29/21--01013--025 **35.00

FILED
21 MAR 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 WOODYARD
President

March 24, 2021

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 true name of **Seven Corners Insurance Solutions, Inc.** to **MST Insurance Solutions, Inc**. as well as their domicile state from **Indiana** to **California** (if necessary).

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

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

15001 N University, Suite 550
Address

Little Rock, AR 72207
City/State and Zip Code

sasahara.e@mstis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau at (501) 664-8044
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)

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. California (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? 12/23/2020

5. MST Insurance Solutions, 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)

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11:59

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: *(City)*, Florida *(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
_____	_____	_____	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.

_____
(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)

Secretary/Treasurer
(Title of person signing)

FILING FEE $35.00

State of California
Secretary of State

Certificate of Filing of All Documents

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

Entity Name: MST INSURANCE SOLUTIONS, INC.

File Number: C4629324
Conversion Date: 08/10/2020
Entity Type: DOMESTIC CORPORATION
Jurisdiction: CALIFORNIA

All business entity documents recorded in this office for said entity are:

Document Type: CONVERSION
File Date: 08/10/2020
Effective Date: 08/10/2020

Document Type: STATEMENT OF INFORMATION
File Date: 08/24/2020
Effective Date: 08/24/2020

Document Type: AMENDMENT
File Date: 12/23/2020
Effective Date: 12/23/2020
Entity Name Changed From:
SEVEN CORNERS INSURANCE SOLUTIONS, INC.

** **** ****** ******** End of list ******** ****** **** **

State of California
Secretary of State

Re: C4629324

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 24, 2021.

Shirley N. Weber, Ph.D.
Secretary of State