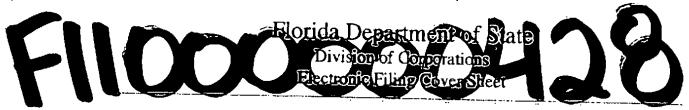
Division of Corporational



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN INTERNATIONAL EXCESS PROGRAM MANAGERS AGENCY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	10
Estimated Charge	\$43.75

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Help

IMR 12 110

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):

	FI1000000428				
	(Document nun	nber of corporation (if kno	own)		
1INTERNATIONAL EXCESS PRO	OGRAM MANAGERS AC	GENCY, INC.	•		
(Nan	ne of corporation as it appe		Department of St	(ate)	
2. Ohio		3.01/31/2011	- sparanear or or	410)	
(Incorporated	under laws of)		authorized to do	business in Florida)	
		SECTION II			
	(4-7 COMPLETE ONL	Y THE APPLICABLE (CHANGES)		
4. If the amendment changes the nam incorporation? 03/04/2020				its jurisdiction of	
One80 Intermediaries Inc.					
(Name of corporation after the am	endment, adding suffix "co	Inoration " "company "	Hi		
not contained in new name of the c	corporation)	rporation, company, or	r "incorporated,"	or appropriate abbrev	viation, if
(15					
(If new name is unavailable in Flori	ida, enter alternate corporat	e name adopted for the pu	upose of transac	ting business in Flori	da)
6. If the amendment changes the	period of duration, indicate	e new period of duration.			
		•		Eco 5.	
				- 20	
	1)	New duration)		20 MAR II	T:
7. If the amendment changes the	jurisdiction of incorporatio	n, indicate new jurisdictio	on.	* grite * *	ΙŊ
	(No	w jurisdiction)		#110: nu	~~*
Tr					
. If amending the registered agent new registered agent and/or the n	and/or registered office a	ddress in Florida, enter t	the name of the	_	
		<u> 288 :</u>			
Name of New Registered Agent	<u></u>				
	 .				
	(Florida	street address)			
New Registered Office Address:			, Florida		
	(0	City)	, 1 lonua	(Zip Code)	
New Registered Agent's Signatur	e, if changing Registered	Agent:		•	
I hereby accept the appointment as i	registered agent. I am fan	iliar with and accept the c	obligations of the	e position.	
			-		
Signature of New	Registered Agent, if changi	ing			

9.	If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change

Title/	Capacity	<u>Name</u>	Address	Type of Action
				DAdd
•				Remove
				□Add
				Remove
				QAdd : 20 20 25 25 71
				_ Ckemove
				
				Remove
				_ 🗖 Add
10. Attac	ched is a ce	rtificate or document of similar import, evid	dencing the amendment, authenticated not mo	Remove
unde	r the laws o	f which it is incorporated.	dencing the amendment, authenticated not mo y of State or other official having custody of co	porate records in the jurisdiction
		(Signature of a director	president or other officer - if in the hands of it appointed fiduciary, by that fiduciary)	
	Anthony Di		Attorney-in-Fact	
	(T	yped or printed name of person signing)	(Title of person s	gning)

FILING FEE \$35.00

UNITED STATES OF AMERICA, STATE OF OHIO.

OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of March, A.D. 2020.

Ohio Secretary of State

For John

Validation Number:

202007000780



DATE 03/05/2020 **DOCUMENT ID** 202006500820

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STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 1036356

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ONE80 INTERMEDIARIES INC.

and, that said business records show the filing and recording of:

Document(s)

Merger

Document No(s): 202006500820

Effective Date: 03/04/2020



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of March, A.D. 2020.

FILTER

Ohio Secretary of State

DATE 03/05/2020 DOCUMENT ID 202006500820

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NSI 145 BAKER ST. ATTN:MELODY FREEMAN MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ONE80 INTERMEDIARIES LLC

and, that said business records show the filing and recording of:

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

202006500820

Effective Date: 03/04/2020



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of March, A.D. 2020.

Ohio Secretary of State





husionas@OhinSoS.gov File online or for more information: ChichesinessCantesLook

For screen readors, follow instructions located at this path.

Certificate of Merger To be used when at least one constituent entity is an Chio entity. Filing Fee: \$99 (154-MER) Forms Must Be Typed

I.	. (Surviving) Entity L Name of Entity Surviving the Merger	International Excess Program Managara Agent	ay, Inc.
8	. Name Change: As a result of this men	per, the name of the surviving entity has change	of to the following
	One80 Intermediaries Inc.		
	(Complete only if name of surviving en	tity is changing through the merger)	
C.		ick the appropriate box and fill in the approp	riate blanks)
1.	-		
1,	(One daily)	Foreign (Non-Ottio Entity)	
		·	2: ~:
		Juriediction of formation	E23
2.	Charter/Registration/License Numb	1038356	15
		(If licensed in Ohlo as domestic or foreign)	22
3.	For-Profit Corporation		TANGE PI
	Nonprofit Corporation		े .
	For-Profit Utnited Liability Compa	nny	::e 8:
	Nonprofit Limited Lizbility Compa	iny	
	Partnership		
	Limited Partnership		
	Limited Liability Partnership		
	Unincorporated Nonprofit Associa		

	Ohlo Charter/License/ Registration Number	Jurisdiction of Formation	Type o Entity
One60 intermediaries LLC	4156958	Delaware	LLC
			= =
		<u> </u>	
II. MERGER AGREEMENT ON FILE The name and making address of the p merger agreement upon written reques One80 Intermediaries Inc. Name	erson or entity from whom/which el	igible persons may	y obtain a copy of
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The name and making address of the present upon written reques One80 Intermediaries Inc.	erson or entity from whom/which e	igible persons may	y obtain a copy of
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The name and making address of the preger agreement upon written request One80 Intermediaries Inc. Name 3700 Park East Drive, Suite 250 Mailing Address Beachwood	erson or entity from whom/which el	Ohlo	44122
The name and melling address of the preger agreement upon written request One80 Intermediaries Inc. Name 3700 Park East Drive, Suite 250 Mailing Address Beachwood		Ohlo State	44122 Zip Code

Upon filing	MENT OF MERGE this Cartificate of I merge into the lis	ER Marger, or upon suited surviving entity	ch later date e	specified he	rein, the mergi	ing entity/entities lis
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Name of Sta	Nutary Agent					
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City					OH Starte	ZIP Code
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Form 551

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