

F13000002848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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C Kinsey



LICENSING PROFESSIONALS

Insurance Compliance Service

P.O. Box 566, Lynden WA 98264

Toll Free: (888) 543-5432

Fax: (360) 933-1991

Email: KNewgard@licensingpros.com

MEMO

DATE: June 21, 2021

TO: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Katie Newgard / Licensing Professionals

SUBJECT: The Leavitt Insurance Group of Atlanta, Inc
Name Change Request

To whom it may concern:

The Leavitt Insurance Group of Atlanta, Inc (F13000002848), a Georgia corporation, has changed their legal name to ***InsuranceHub Leavitt Agency, Inc.*** Submitted for your approval please find the following:

1. Cover Letter
2. Application by Foreign Profit Corporation to File Amendment
3. Certificate of Amendment from Georgia Secretary of State
4. A check in the amount of \$35.00 made payable to:

Florida Department of State

If you have any questions or require any additional information please feel free to contact me via phone (888)543-5432 or email knewgard@licensingpros.com.

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.

Name of Corporation

DOCUMENT NUMBER: F13000002848

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Newgard

Name of Contact Person

Licensing Professionals

Firm/Company

PO Box 566

Address

Lynden, WA 98264

City/State and Zip Code

katie-bearnson@leavitt.com

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

For further information concerning this matter, please call:

Katie Newgard

at (888) 543-5432

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)

F13000002848

(Document number of corporation (if known))

1. THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.
(Name of corporation as it appears on the records of the Department of State)
2. GEORGIA 3. 06/28/2013
(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? 04/29/2021
5. InsuranceHub Leavitt Agency, 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.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(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 N/A

(Florida street address)

New Registered Office Address: N/A, 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.

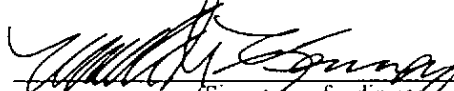
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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.

 6/11/21

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

Mark G. Kenney

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.

a Domestic Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 04/29/2021 changing its name to

InsuranceHub Leavitt Agency, Inc.

a Domestic Profit Corporation

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 05/04/2021.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF AMENDMENT

Electronically Filed
Secretary of State
Filing Date: 4/29/2021 11:39:43 AM

Article 1

Business Name : THE LEAVITT INSURANCE GROUP OF ATLANTA, INC.
Control Number : J704890

Article 2

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : InsuranceHub Leavitt Agency, Inc.
Effective Date : 04/29/2021

Article 3

The date of the adoption of the amendment was: 04/29/2021

Article 3

The amendment was duly adopted by the following method :
The amendment was adopted by a sufficient vote of the shareholders.

Article 4

The date of the adoption of the amendment was: 04/29/2021

Article 5

The undersigned does hereby certify that a request for publication of a notice of the filing of articles of amendment to change the corporation's name along with the publication fee of \$40.00 has been forwarded to the legal organ of the county of the registered office as required by O.C.G.A. 14-2-1006.1.

Authorizer Information

Authorizer Signature : Michael Chidester

Authorizer Title : Officer



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN F. KING
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GA 30334
(404) 656-2056
<https://oci.ga.gov>

NAME APPROVAL ACCEPTANCE LETTER

VIA EMAIL

Monday, May 03, 2021

Mr. Michael Chidester
216 S. 200 W.
Cedar City, UT 84720
United States

Dear Mr. Chidester,

The Georgia Insurance Department ("Department") received your request for a Name Approval Letter. The Department has reviewed your request and hereby approves the following entity name for your use:

InsuranceHub Leavitt Agency, Inc.

By issuing this Name Approval Letter, the Department has determined that, pursuant to the Georgia Insurance Code (Title 33), your requested entity name is not misleading, confusing or deceptive. **However, the Department has not confirmed that the above-referenced name is available for your use through the Georgia Secretary of State's Office.** If you would like to confirm that the above-referenced name is available and reserve it for your exclusive use, you must submit a Name Reservation Request and pay a fee to the Corporations Division of the Georgia Secretary of State's Office. For more information regarding name reservations, please contact the Corporations Division of the Georgia Secretary of State's Office at (404) 656-2817, or visit their website at <http://sos.ga.gov/index.php/corporations>. Best regards,

Travis Bowden

Travis Bowden
Limited Risk Analyst
Office of Insurance and Safety Fire Commissioner
State of Georgia
2 Martin Luther King Jr. Drive
Suite 606, West Tower Atlanta, Georgia 30334
Phone: 404.463.2825