

F14000005430

(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



800269600808

Name Change
Amend

02/27/15--01009--014 **35.00

FILED
2015 FEB 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

3/2/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIG Risk Specialists, INC
Name of Corporation

DOCUMENT NUMBER: F14000005430

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEILA DARDEN
Name of Contact Person

VERTAFORE
Firm/Company

7835 Woodland Dr. Suite 100
Address

Indpls. IN 46278
City/State and Zip Code

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

For further information concerning this matter, please call:

LEILA DARDEN at (800) 428 0469
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

F14000005430

(Document number of corporation (if known))

FILED
2015 FEB 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. RIG RISK SPECIALISTS, INC

(Name of corporation as it appears on the records of the Department of State)

2. TENNESSEE

(Incorporated under laws of)

3. 12/23/2014

(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? 02/04/2015

5. TRILOGY RISK SPECIALISTS, 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)

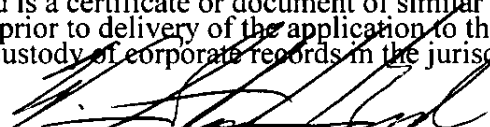
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

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

(New jurisdiction)

8. 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)

W STEPHEN GARDNER

(Typed or printed name of person signing)

VICE PRESIDENT/SECRETARY

(Title of person signing)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

VERTAFORE
LEILA DARDEN
STE 100
7835 WOODLAND DR.
INDIANAPOLIS, IN 46278

February 9, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0152960

Issuance Date: 02/09/2015
Copies Requested: 1

Document Receipt

Receipt #: 001828737 Filing Fee: \$22.25
Payment-Credit Card - State Payment Center - CC #: 160614894 \$22.25

Regarding: Trilogy Risk Specialists, Inc.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 12/05/2014

Status: Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Control #: 780313

Date Formed: 12/05/2014

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Trilogy Risk Specialists, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 010603112



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

Request Type: Certified Copies
Request #: 152637

Issuance Date: 02/05/2015
Copies Requested: 1

Document Receipt

Receipt #: 001822942	Filing Fee:	\$20.00
Payment-Check/MO - CFS, NASHVILLE, TN		\$120.00
Deposit-Account - CFS, NASHVILLE, TN		\$100.00


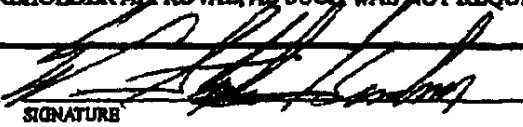
I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Trilogy Risk Specialists, Inc.**, Control # 780313 was formed or qualified to do business in the State of Tennessee on 12/05/2014. Trilogy Risk Specialists, Inc. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.


Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0048-5236	02/04/2015	Articles of Amendment

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>State of Tennessee Department of State Corporate Filings 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p>ARTICLES OF AMENDMENT TO THE CHARTER (For-Profit)</p> </div> </div>	<p>For Office Use Only</p>
<p>CORPORATE CONTROL NUMBER (IF KNOWN) <u>000780313</u></p>	
<p>PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF THE TENNESSEE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:</p>	
<p>1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD: <u>RIG Risk Specialists, Inc.</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>Trilogy Risk Specialists, Inc.</u></p>	
<p>2. PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE, _____ (MONTH, DAY, YEAR)</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>3. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____ STREET ADDRESS _____</p> <p>_____ CITY _____ STATE/COUNTY _____ ZIP CODE _____</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____</p> <p>_____ TN _____ STREET ADDRESS _____</p> <p>_____ CITY _____ STATE _____ ZIP CODE _____ COUNTY _____</p> <p>D. OTHER CHANGES: _____</p>	
<p>4. THE CORPORATION IS FOR PROFIT.</p>	
<p>5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:</p>	
<p>6. THE AMENDMENT WAS DULY ADOPTED ON <u>January 31, 2015</u> (MONTH, DAY, YEAR) BY (Please mark the block that applies):</p> <p><input type="checkbox"/> THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.</p> <p><input type="checkbox"/> THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.</p> <p><input checked="" type="checkbox"/> THE SHAREHOLDERS.</p>	
<p>Senior Vice President and Secretary</p> <p>SIGNER'S CAPACITY</p> <p><u>JANUARY 31, 2015</u></p> <p>DATE</p>	<p></p> <p>SIGNATURE</p> <p><u>W. Stephen Gardner</u></p> <p>NAME OF SIGNER (TYPED OR PRINTED)</p>
<p>SS-4421 (Rev. 10/01) Filing Fee: \$20.00 RDA 1878</p>	