

F15000004447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

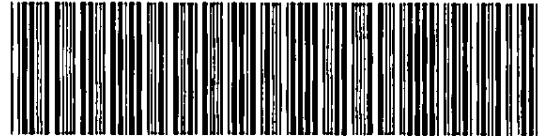
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN - 7 PM 1:04

FILED

2/17/21

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name change for Synergy Insurance Company

Name of Corporation

DOCUMENT NUMBER: F15000004447

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Grant

Name of Contact Person

Synergy Insurance Company

Firm/Company

217 S. Tyron Street

Address

Charlotte, NC 28202

City/State and Zip Code

sgrant@prescientnational.com

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

For further information concerning this matter, please call:

Scott Grant

at (704) 927-6187

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.)

2021 JAN -7 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

F15000004447

(Document number of corporation (if known))

1. Synergy Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. North Carolina
(Incorporated under laws of)
3. 10/5/2015
(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? Approved on 12/21/2020, effective date of 2/1/2021.
5. Prescient National Insurance Company
(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. 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)

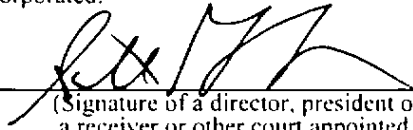
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.



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

Scott Grant

(Typed or printed name of person signing)

Director, Treasurer & Secretary

(Title of person signing)

FILING FEE \$35.00



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

PRESCIENT NATIONAL INSURANCE COMPANY

the original of which was filed in this office on the 21st day of December, 2020.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of December, 2020.

Elaine F. Marshall

Secretary of State

SOSID: 0859305
Date Filed: 12/21/2020 10:07:00 AM
Effective: 2/1/2021
Elaine F. Marshall
North Carolina Secretary of State
C2020 356 00141

**ARTICLES OF AMENDMENT OF THE
ARTICLES OF INCORPORATION OF
SYNERGY INSURANCE COMPANY**

Pursuant to Section 55-10-06 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is Synergy Insurance Company (the “**Corporation**”).
2. The Articles of Incorporation of the Corporation, as amended to date, shall be further amended by deleting Article I of the Articles of Incorporation in its entirety and replacing it with the following:

“The name of the corporation is Prescient National Insurance Company.”

3. The foregoing amendment was approved by each of the Board of Directors of the Corporation and the sole shareholder of the Corporation on December 15, 2020, as required by Chapter 55 of the North Carolina General Statutes.
4. These Articles of Amendment shall be effective as of 12:01 AM Eastern Standard Time on February 1, 2021.

[Signature Page Follows]

IN WITNESS WHEREOF, The Corporation has caused these Articles of Amendment to be signed by Bruce A. Flachs, its Chief Executive Officer this 15th day of December, 2020.

SYNERGY INSURANCE COMPANY

By: *Bruce Flachs*
Bruce A. Flachs, Chief Executive Officer



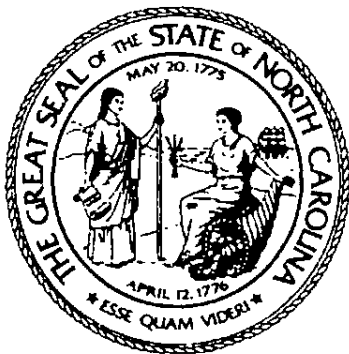
NC DEPARTMENT
of INSURANCE
MIKE CAUSEY, COMMISSIONER

COMPANY SERVICES GROUP
FINANCIAL ANALYSIS SECTION

Tel 919.807.6140 Fax 919.807.6635

I, Mike Causey, Commissioner of Insurance in and for the State of North Carolina,
do hereby certify that I have examined the attached Articles of Amendment of the Articles of
Incorporation of Synergy Insurance Company and find the same in conformity with the laws
pertaining thereto and do hereby approve the said Articles of Amendment of the Articles of
Incorporation and certify the same to the Secretary of State of the State of North Carolina.

In testimony whereof, I have hereunto
set my hand and affixed my official
seal at the city of Raleigh, this the
17th day of December 2020.



A handwritten signature in black ink that reads "Mike Causey".

Mike Causey
Commissioner of Insurance

By: A handwritten signature in black ink that reads "Sue Ann Webster".
Sue Ann Webster
Corporate Records Administrator
Financial Evaluation Division