N	ote: 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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N	ote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
	To: Division of Corporations Fax Number : (850)617-6380	2020
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845	2020 JAN 30 PM
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>	կ։ ՕԿ
,	COR AMND/RESTATE/CORRECT OR O/D RESIGN CROSS INSURANCE, INC SOUTHWEST CONNECTICUT	_
10 BT 4:01	Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00	
2020	Estimated Charge	

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)

F19000004507

(Document number of corporation (if known)

Cross Insurance, Inc. - Southwest Connecticut

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

2. Maine

3. 10/04/2019

(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? 01/23/2020

5. Rand Insurance, 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)

Jonathan M. Cross

(Typed or printed name of person signing)

Vice President

(Title of person signing)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-ninth day of January 2020.

Matthew Dunlap Secretary of State

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DOMESTIC BUSINESS CORPORATION STATE OF MAINE	File No. 20190945 D Pages 2 Fee Paid \$ 50 DCN 2200242290008 LNME
ARTICLES OF AMENDMENT	Julie L. Hyma Dogues, Section of Section
Cross insurance, Inc Southwest Connecticut	A True Capy When Attested By Signatury
(Phase of Corposition)	Deputy Securitary of State

Pursuant to 13-C MRSA §1006 and/or §1804, §1805, §1811, the undersigned corporation exercises and delivers the following Articles of Assendances:

FIRST:	The assendment was adopted as (date) December 18, 2018			
	The text of the assessment or the information required by I3-C MRSA \$121.10.E as set forth in Exhibit A			
	The energy was duly approved as follows: ("X" one box only.)			
	by the incorporators - sharcholder approval was not expeired OR by the board of directors - starcholder approval was not required OR by the shareholders in the manner sequired by this Act and by the articles of incorporation OR if			
SECOND:	This is a Benefit Carporation and the following changes were approved by at least the minimum status vote as defined in 13-C MRSA#1802.7. (Chook only if applicable)			
	designation as a beacht corporation parament to 13-C MRSA §1804 add, amend or detete identification of a specific public beacht dut it is the purpose of the beacht corporation to create as set forth in Exhibit personant to 13-C MRSA §1811.4 termination as a benefit corporation personant to 13-C MRSA §1805			
THURD;	L' the amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment, if not consciont in the amendment basif, are set forth in Exhibit or as follows:			
FOURTH:	The effective date of the articles of amendment (if other than the deter of filing) is			
Dated Janua	14 J. 2020 By MAN			
0	(criginal writin # (hotate)			
Royce M. Cr				
*This document	a MRST be signed by my daily authorized officer OR the deck. (13-C MRSA §12).5)			
Sobacit complexe	nt form in: Sourcetary of State Division of Corporations, UCC and Communican 101 State House Station, Augusta, MS 84333-0161 Telephone Inquirina: (207) 624-7783 Engli Inquirius, CEC.Corporations@Main:.gov			
FORM NO. MBCA-	9 (1 of 1) Rev. 9(9/2019			

EXHIBIT A

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CROSS INSURANCE, INC. - SOUTHWEST CONNECTICUT

NATURE OF CHANGE: Change in name of corporation.

TEXT: That Article FIRST of the corporation's Articles of Incorporation is amended to read as follows: "The name of the corporation is Rand Insurance, Inc.".

(EP-83327012-+2)

01/30/2020 12:29 GL Homes

(FAX)

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From: 95475341509 Page: 1/1 Date: 1/28/2020 12:01:21 PM



January 28, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

G.L. HOMES

,

SUBJECT: VALENCIA BAY HOMEOWNERS ASSOCIATION, INC. REF: N15000006761

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. Please retitle the document to remove the word "Certificate".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

IT you have any questions concerning the filing of your document, please

Terri J Schroeder Regulatory Specialist III

call (850) 245-6050.

FAX Aud. #: H20000023212 Letter Number: 020A00001988