

2/12/2024 08:23:43 PST  
1/9/24, 5:54 PM

To: 8506176380

Page: 2/7

From: Registered Agents Inc

Fax: 8134365206

**\*\*RE SENT\*\***

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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 : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TRUCEPT RISK MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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)**

F20000004962

(Document number of corporation (if known))

1. TRUCEPT RISK MANAGEMENT, INC.

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

2. California

(Incorporated under laws of)

3. 11/02/2020

(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? 10/17/2023

5. Afinida Risk Management, 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. 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:

(City)

, Florida

(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

**FILED**  
2024 FEB 12 AM 8:52  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

2024 FEB 12 AM 8:52  
 DEPARTMENT OF STATE  
 TALLAHASSEE FL  
 REMOVE

FILED

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)

\_\_\_\_\_  
 Norman Tipton  
 (Typed or printed name of person signing)

\_\_\_\_\_  
 President  
 (Title of person signing)

FILING FEE \$35.00



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** Afinida Risk Management, Inc.  
**Entity No.:** 3998695  
**Registration Date:** 03/08/2017  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 08, 2024.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 171590825

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).



# California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

**Request Type:** Certified Copies

**Entity Name:** Afinida Risk Management, Inc.

**Formed In:** CALIFORNIA

**Entity No.:** 3998695

**Entity Type:** Stock Corporation - CA - General

**Issuance Date:** 02/12/2024

**Copies Requested:** 1

**Receipt No.:** 006258174

**Certificate No.:** 181306624

## Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
D2182-5797	10/17/2023	Amendment	1

.. .... End of list .....

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on February 12, 2024.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



BA20231561496



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**CERTIFICATE OF AMENDMENT**  
**CA CORPORATION**  
 California Secretary of State  
 1500 11th Street  
 Sacramento, California 95814  
 (916) 653-3516

For Office Use Only

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File No. BA20231561496

Date Filed: 10/17/2023

B2132-5797 10/17/2023 3:03 PM Received by California Secretary of State

**Corporation Details**

Corporation Name

TRUCEPT RISK MANAGEMENT, INC.

Entity No.

3990695

**Amendment Details**

Article 1 of the Articles of Incorporation is amended to read:

Corporation Name

Afinida Risk Management, Inc.

**Approval Statements****Approval Statements**

- 1) The Board of Directors has approved the amendment of the Articles of Incorporation.
- 2) Share approval was not required because the corporation has no outstanding shares.

**Signatures**

- ☒ We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge.

*Secretary, Chief Financial Officer**Norman Tipton**10/17/2023*

Officer Title

Officer Signature

Date

*President/Chief Executive Officer**Norman Tipton**10/17/2023*

Officer Title

Officer Signature

Date

Certificate Verification No.: 181306524 Date: 02/12/2024