

F22000001271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

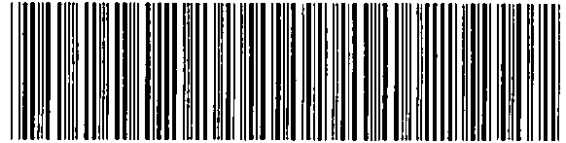
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 23 2024

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2024 AUG 22 AM 11:15

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

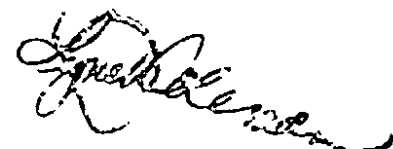
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 543518 4342651

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : July 9, 2024

ORDER TIME : 2:49 PM

ORDER NO. : 543518-230

CUSTOMER NO: 4342651

FOREIGN FILINGS

NAME: ONSTAR INSURANCE SERVICES,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OnStar Insurance Services, Inc.

Name of Corporation

DOCUMENT NUMBER: F21000001271

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon C Ellison

Name of Contact Person

General Motors Insurance Services Inc

Firm/Company

801 Cherry Street, Suite 3500

Address

Fort Worth Texas 76102

City/State and Zip Code

Compliance@gminsurance.com

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

For further information concerning this matter, please call:

Gloria Camacho

Name of Contact Person

at (817) 302-7178

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)

F21000001271

(Document number of corporation (if known))

1. OnStar Insurance Services, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Arizona 3. 03/05/2021
(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? July 31 2024

5. General Motors Insurance Services, 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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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.

DocuSigned by:

Andrew Rose

95000B03700A40A...

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

Andrew Paul Rose

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

STATE OF ARIZONA



Office of the **CORPORATION COMMISSION**

The Executive Director of the Arizona Corporation Commission does hereby certify that the records of this agency show that

CERTIFICATE OF FACT RECITING NAME CHANGE

was incorporated or formed on the 01/ day of 08, 2019.

The Executive Director further certifies that the above named entity changed its name to:

GENERAL MOTORS INSURANC SERVICES, INC.

on the 07/ day of 31, 2024.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: August 19, 2024.



Douglas R. Clark

Douglas R. Clark, Executive Director

By: _____

MICHAEL OLUYI