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Office Use Only



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I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 854650 7637107

AUTHORIZATION: Smell le man

COST LIMIT : \$ 35 \ \ 0.0

ORDER DATE : June 11, 2021

ORDER TIME : 2:38 PM

ORDER NO. : 854650-005

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: ONESOURCE DEALER SERVICES,

INC.

XX CORPORATE
LIMITED PARTNERSHIP

____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	ent Section Division of Corporation			
SUBJECT: One	eSource Dealer Ser	vices, Inc		
	Name	of Corporation		0001
DOCUMENT NU	MBER: 099022-25	=9706	0000	2391
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	tter to the followin	ıg:	
Jennifer D	avis/Legal			
	Name of Contact Person	<u> </u>	_	
Confie				
Come	Firm/Company		_	
	Time Company			
7711 Cent	er Ave, Ste 200		_	
	Address			
Huntingtor	n Beach CA 92647			
	City/State and Zip Code		_	
rogulatord	filings@confie.com			
	ss: (to be used for future annual r	enor natification)	 	
	ation concerning this matter, plea		050.04	-00
Jennifer D		_ _{at (} _714	_{_)} 252-25	
Name of Contact Person		Area Code	e & Daytime '	lelephone Number
Enclosed is a check	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy		☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy
Mailing A	Address:	Street 3	Address:	
Mailing Address: Amendment Section			ment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		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)

099022-25 F970000039

(Document number of corporation (if known)

OneSource Dealer Services, Inc					
(Name of corporation as	s it appears on the records of the Department of S	state)		•	
, California	_{3.} 5/5/1997				
(Incorporated under laws of)	(Date authorized to do	business in Flo	rida)		
(4-7 COMPLET	SECTION II E ONLY THE APPLICABLE CHANGES)				
4. If the amendment changes the name of the corporation incorporation? 10/31/2019	n, when was the change effected under the laws o	of its jurisdiction	of		
s Insure Express Insurance Service, Inc.					
(Name of corporation after the amendment, adding su not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate 6. If the amendment changes the period of duration.	corporate name adopted for the purpose of trans-				
	(New duration)		26		
7. If the amendment changes the jurisdiction of inco	orporation, indicate new jurisdiction.	- ,	2821 JUN 23	-[]	
	(New jurisdiction)		23	1 ¹ 071 m	
8. If the amendment changes the jurisdiction of organiz	cation, indicate new jurisdiction:	1 1 2	机 9:45	O	
9. If the amendment changes person, title or capacity in a	accordance with 607.1504 (4), indicate that chang	e:	S)		

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
		-	□Remove
			□Add
			□Remove
			□Add
			□Remove
			CJAdd
			□Remove
10. Attached is a confitne application of the application of the laws	ertificate or document of similar import, e on to the Department of State, by the Secret of which it is incorporated.	videncing the amendment, authenticated nary of State or otherofficial having custody	ot more than 90 days prior to deliver of corporate records in the jurisdiction
		PAN	
	(Signature of a direct a receiver or other co	tor, president or other officer - if in the han ourt appointed fiduciary, by that fiduciary)	ds of
Carol R Nev		EVP/Secretary	<u> </u>
	Typed or printed name of person signing)	(Title of ne	rson signing)

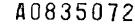
FILING FEE \$35.00



1 hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 21 2021

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





Secretary of State Certificate of Amendment of Articles of Incorporation

AMDT-

STK-NA Name Change Only - Stock FILED Secretary of State State of California IMPORTANT - Read Instructions before completing this form. OCT 3 1 2019 Filing Fee - \$30.00 Copy Fees - First Page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00 This Space For Office Use Only 1. Corporation Name (Enter the exact name of the corporation as it currently is 2. 7-Digit Secretary of State File Number recorded with the California Secretary of State.) OneSource Dealer Services, Inc. 1330643 Item 3a: Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "I," "First," or "A"). See Instructions if the provision in the Articles of incorporation being amended does not include a number, letter, or other designation: 3. New Corporation Name Any attachment is made part of this document. Item 3b: Enter the new corporate name. FIRST of the Articles of Incorporation is amended to read as shown in Item 3b below: 3b. The name of the corporation is <u>Insure Express</u> Insurance Service, Inc. 4. Approval Statements The Board of Directors has approved the amendment of the Articles of Incorporation. 4b. Shareholder approval was (check one): By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation entitled to vote is ____ The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%. Not required because the corporation has no outstanding shares. 5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.) Ð

			laws of the State of Courtering		ters set forth herein are true
10/25/19		forsur a	fection	Cesar Sori	ano
Date	. : .	Signature		Type or Print	Name of CEO
10/25/19 Date	<u>.</u> /	Signature		Carol R Ne Type or Print	wman Name of Secretary