

102 00000 1158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

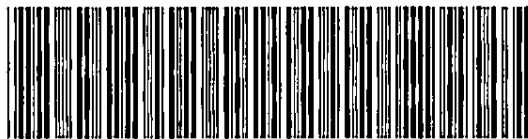
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

JUNE JAMIAN
ALTERNATIVE SERVICE CONCEPTS, L.L.C.
2501 MCGAVOCK PIKE SUITE 802
NASHVILLE, TN 37214

SUBJECT: ALTERNATIVE SERVICE CONCEPTS, L.L.C.
Ref. Number: M02000001158

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 320A00023090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Service Concepts, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

June Jamian

Name of Person

Alternative Service Concepts, LLC

Firm/Company

2501 McGavock Pike Suite 802

Address

Nashville, TN 37214

City/State and Zip Code

June.Jamian@ascrisk.com

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

For further information concerning this matter, please call:

June Jamian

at (615) 360-5699

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Alternative Service Concepts, LLC.

Enter new principal office address, if applicable: 2501 McGavock Pike

(Principal office address
MUST BE A STREET ADDRESS) Suite 802
Nashville, TN 37214

Enter new mailing address, if applicable:
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M02000001158

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 05/02/2002

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Davies Claims Solutions L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Pamela Finch

Signature of the authorized representative

Pamela Finch, Chief Operations Officer

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ALTERNATIVE SERVICE CONCEPTS, L.L.C.", CHANGING ITS NAME FROM "ALTERNATIVE SERVICE CONCEPTS, L.L.C." TO "DAVIES CLAIMS SOLUTIONS L.L.C.", FILED IN THIS OFFICE ON THE TWELFTH DAY OF NOVEMBER, A.D. 2020, AT 10:29 O'CLOCK A.M.



3496516 8100
SR# 20208355523

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204075191
Date: 11-13-20

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Alternative Service Concepts, L.L.C.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

This is to notify you that Alternative Service Concepts, L.L.C. will be changing its name to Davies Claims Solutions L.L.C. effective October 31, 2020
(For Accounting Purpose Only)

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 12 day of November, A.D. 2020.

By: Pamela Sue Finch

Authorized Person(s)

Name: Pamela Sue Finch

Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVIES CLAIMS SOLUTIONS L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVIES CLAIMS SOLUTIONS L.L.C." WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2002.



3496516 8300

SR# 20208416956

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204094653

Date: 11-16-20



November 23, 2020

P.O. Box 305148
Nashville TN | 37230-5148 | USA

t: 615-360-2800
f: 615-360-1343

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

www.davies-group.com

Enclosed are the revised forms along with a copy of the letter you returned with the incorrect application. I have also enclosed a copy of the Certificate of Good Standing and the Certificate of Amendment from the jurisdiction state of DE.

Please advise if you need any additional forms to complete this change. Please and Thanks

June Jamian

SR Administrative Assistant

Claims Solutions



2501 McGavock Pike, Suite 802

Nashville, TN 37214

P. 615-360-5699

F. 615-360-1343

E. june.jamian@ascrisk.com

www.davies-group.com