

MA3000004072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

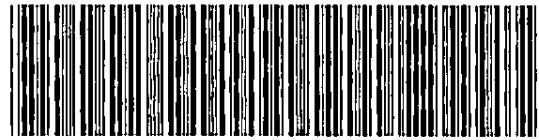
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



500306995455

12/28/17--01011--027 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 22 PM 3:55

K SALY
JAN 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRES Insurance Services, 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:

Angela Todd

Name of Person

CRES Insurance Services, LLC

Firm/Company

PO Box 500810

Address

San Diego, CA 92150

City/State and Zip Code

compliance@cresinsurance.com

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

For further information concerning this matter, please call:

Angela Todd

Name of Person

at (858) 618-1648 ext 116

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: CRES Insurance Services, LLC

Enter new principal office address, if applicable: 12396 World Trade Dr. Ste. 303
San Diego, CA 92128
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: PO Box 500810
San Diego, CA 92150
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M03000004072

3. Jurisdiction of its organization: CA

4. Date authorized to do business in Florida: 12/05/03

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.")

(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

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

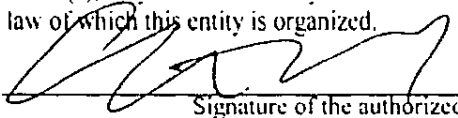
Nevada

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Address Change

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|--------------------------|---------------------------------------|---------------------------------|
| <u>MGR</u> | <u>James N Allison</u> | <u>410 S. Rampart Ave. Ste 390</u> | <input type="checkbox"/> Add |
| | | <u>Las Vegas, NV 89145</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Douglas Campbell</u> | <u>410 S. Rampart Ave. Ste. 390</u> | <input type="checkbox"/> Add |
| | | <u>Las Vegas, NV 89145</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Mark Turner</u> | <u>410 S. Rampart Ave. Ste. 390</u> | <input type="checkbox"/> Add |
| | | <u>Las Vegas, NV 89145</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Steven B Sargenti</u> | <u>12396 World Trade Dr. Ste. 303</u> | <input type="checkbox"/> Add |
| | | <u>San Diego, CA 92128</u> | <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.


Signature of the authorized representative

Steven Sargenti
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE



SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 22 PM 3:55

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CRES INSURANCE SERVICES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 6, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 7, 2017.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20171107-2087
You may verify this electronic certificate
online at <http://www.nvsos.gov/>



State of California
Secretary of State

Certificate of Conversion

CONV-1A

File #

200105810021

FILED
Secretary of State
State of California

SEP 29 2017

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Converted Entity
CRES INSURANCE SERVICES, LLC

2. Form of Entity
LIMITED LIABILITY COMPANY

3. Jurisdiction
NEVADA

4. Mailing Address of Chief Executive Officer
City State Zip Code

5. Street Address of Chief Executive Officer - Do not list a P.O. Box
City State Zip Code
410 SOUTH RAMPART AVENUE, SUITE 390 LAS VEGAS NV 89145

6. Street Address of the California Office, if any - Do not list a P.O. Box
City State Zip Code
CA

7. If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process. Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process
BAKER MANOCK & JENSEN, PC

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box
City State Zip Code

c. If an individual, Mailing Address of Agent for Service of Process
City State Zip Code

18 JAN 22
DIVISION OF CORPORATIONS
SECRETARY OF STATE
PH 3:55

Converting Entity Information

8. Name of Converting Entity
CRES INSURANCE SERVICES, LLC

9. Form of Entity
LIMITED LIABILITY COMPANY

10. Jurisdiction
CALIFORNIA

11. CA Secretary of State File Number, if any
200105810021

12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:
The class and number of outstanding interests entitled to vote, AND The percentage vote required of each class
Membership Interests 2 100%

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed.

Date
9/29/17

Signature of Authorized Person
James Allison

Signature of Authorized Person
James Allison, Manager

200105810021

Attachment to Certificate of Conversion

13. Additional Information

Pursuant to Section 17702.10 of the California Revised Limited Liability Company Act, the future filing date will be at 12:00 a.m. on September 29, 2017.

1-18-17
Section of
Division of
18 JAN 22 PM 3: 55

STATE OF NEVADA



BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERBELT
Deputy Secretary
for Commercial Recordings

RECEIVED
DIVISION OF COMMERCIAL RECORDINGS
JAN 22 PM 3:55

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

September 6, 2017

Job Number: C20170906-0166
Reference Number:
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

| Document Number(s) | Description | Number of Pages |
|--------------------|-------------|------------------|
| 20170380861-26 | Convert In | 2 Pages/1 Copies |



Respectfully,

Barbara K. Cegavske
Secretary of State

Certified By: Angela Warwick
Certificate Number: C20170906-0166
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



Print



BARBARA K CFGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nv.gov

| | |
|--|---|
| Filed in the office of <i>Barbara K. Cegavske</i> | Document Number 20170380861-26 |
| Barbara K. Cegavske Secretary of State State of Nevada | Filing Date and Time 09/06/2017 8:17 AM |
| | Entity Number LLC19814-2003 |

Articles of Conversion
(PURSUANT TO NRS 92A.205)
Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE NOTE: The charter document for the resulting entity must be submitted filed simultaneously with the articles of conversion.

Articles of Conversion
(Pursuant to NRS 92A.205)

1. Name and jurisdiction of organization of constituent entity and resulting entity:

| | |
|--|---|
| CORES INSURANCE SERVICES, LLC Name of constituent entity | Limited Liability Company Entity type |
| California Jurisdiction | |
| and | |
| CORES INSURANCE SERVICES, LLC Name of resulting entity | Limited Liability Company Entity type |
| Nevada Jurisdiction | |

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 DIVISION OF CORPORATIONS
 SECRETARY OF STATE

2. A plan of conversion has been adopted by the constituent entity in compliance with the law of the jurisdiction governing the constituent entity.

3. Location of plan of conversion; (check one)

- The entire plan of conversion is attached to these articles.
- The complete executed plan of conversion is on file at the registered office or principal place of business of the resulting entity.
- The complete executed plan of conversion for the resulting domestic limited partnership is on file at the records office required by NRS 88.330.

* corporation, limited partnership, limited-liability limited partnership, limited-liability company or business trust.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Conversion Form
Revised 12-15

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 22 PM 3:55



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5701
Website: www.nvsos.gov

Articles of Conversion
(PURSUANT TO NRS 92A.205)
Page 2

USE BLACK INK ONLY - DO NOT HIGHLIGHT

LEAVE SPACE FOR OFFICE USE ONLY

4. Forwarding address where copies of process may be sent by the Secretary of State of Nevada (if a foreign entity is the resulting entity in the conversion):

Attn:

c/o:

5. Effective (date and time of filing, optional) (must not be later than 90 days after the certificate is filed)

Date: September 25, 2017 Time: 12:00 pm

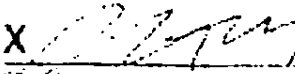
6. Signatures - must be signed by:

1. If constituent entity is a Nevada entity: an officer of each Nevada corporation; all general partners of each Nevada limited partnership or limited liability limited partnership; a manager of each Nevada limited liability company with managers or one member if there are no managers; a trustee of each Nevada business trust; a managing partner of a Nevada limited liability partnership (aka a general partnership governed by NRS chapter 87).

2. If constituent entity is a foreign entity: must be signed by the constituent entity in the manner provided by the law governing it

CRIS INSURANCE SERVICES, LLC

Name of constituent entity

X 
Signature

Manager
Title

5/28/17
Date

* Pursuant to NRS 92A.206(4) if the conversion takes effect on a later date specified in the articles of conversion pursuant to NRS 92A.240, the constituent document filed with the Secretary of State pursuant to paragraph (2) subsection 1 must state the name and the jurisdiction of the constituent entity and that the existence of the resulting entity does not begin until the later date. This statement must be included within the resulting entity's articles.

FILING FEE: \$350.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause the filing to be rejected.

This form must be accompanied by appropriate fees.

State of Nevada, Office of the Secretary of State
Revised: 1-1-13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

CRES INSURANCE SERVICES, LLC
ANGELA TODD
P.O. BOX 500810
SAN DIEGO, CA 92150

SUBJECT: CRES INSURANCE SERVICES, LLC
Ref. Number: M03000004072

We have received your document for CRES INSURANCE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00026401

RECEIVED
JAN 22 2018