

M 04,000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

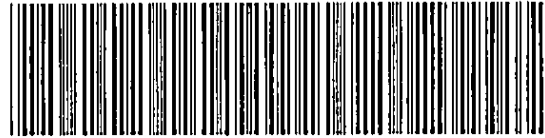
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 FEB 21 10:00 AM

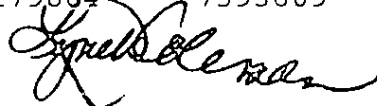
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FALL 2018

2020 FEB 21 AM 11:20

FILED

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

ACCOUNT NO. : I20000000195  
REFERENCE : 179864 7393609  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : February 13, 2020  
ORDER TIME : 10:13 AM  
ORDER NO. : 179864-295  
CUSTOMER NO: 7393609  
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FOREIGN FILINGS

NAME: ALLIANT INSURANCE SERVICES  
HOUSTON, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX \_\_\_\_ 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: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

**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: ALLIANT INSURANCE SERVICES HOUSTON, LLC

Enter new principal office address, if applicable: 1301 Dove Street, Suite 200

(Principal office address

MUST BE A STREET ADDRESS)

Newport Beach, CA 92660

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

701 B Street, 6th Floor

San Diego, CA 92101

2. The Florida document number of this limited liability company is: M04000000049

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/29/2003

**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 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:

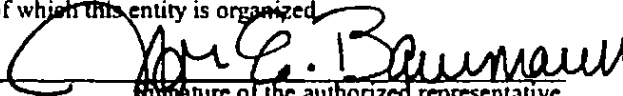
California

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>
Manager	<u>Corbett, Thomas W</u>	<u></u>	<input type="checkbox"/> Add
		<u>1301 Dove Street, Suite 200</u> <u>Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Remove
Manager President Director	<u>Zimmer, Jr. P. Gregory</u>	<u></u>	<input type="checkbox"/> Add
		<u>1301 Dove Street, Suite 200</u> <u>Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Hurst, Ralph S.</u>	<u></u>	<input type="checkbox"/> Add
		<u>1301 Dove Street, Suite 200</u> <u>Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Remove
Member	<u>Alliant Insurance Services, Inc.</u>	<u></u>	<input type="checkbox"/> Add
		<u>5444 Westheimer Road, 9th Floor</u> <u>Houston, TX 77056</u>	<input checked="" type="checkbox"/> Remove
Managing Member	<u>Alliant Insurance Services, Inc.</u>	<u>1301 Dove Street, Suite 200</u> <u>Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Add
		<u></u>	<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

Jennifer E. Baumann

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF "ALLIANT INSURANCE SERVICES HOUSTON, LLC", A DELAWARE LIMITED LIABILITY COMPANY CONVERTING ITS RESIDENCY TO CALIFORNIA, WAS FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2020, AT 7:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY CEASED TO EXIST AS A LIMITED LIABILITY COMPANY OF THIS STATE AT THE EFFECTIVE DATE AND TIME OF THE FILING OF THE CERTIFICATE OF CONVERSION.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF JANUARY, A.D. 2020 AT 8 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

3205299 8317T  
SR# 20201336190

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202430641  
Date: 02-20-20