

MOS0000001820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

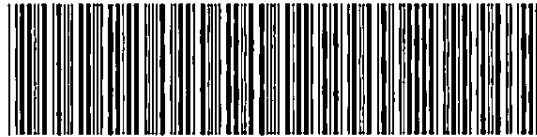
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
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AMENDMENT

1. MARSH CLEARSIGHT LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Riskonnnect ClearSight 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:

Henry P. Pickens

Name of Person

Riskonnnect ClearSight LLC

Firm/Company

1701 Barrett Lakes Blvd, Suite 500

Address

Kennesaw, GA 30144

City/State and Zip Code

rkfinance@riskonnnect.com

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

For further information concerning this matter, please call:

Henry P. Pickens

Name of Person

at (**770**) **790-4700**

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: Marsh Clearsight LLC

Enter new principal office address, if applicable: 1701 Barrett Lakes Blvd, Suite 500

(Principal office address

MUST BE A STREET ADDRESS)

Kennesaw, GA 30144

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

same as above

2. The Florida document number of this limited liability company is: M05000001820

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/7/2005

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

5. New name of the limited liability company: Riskconnect Clearsight LLC
(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: Legal Inc Corporate Services Inc.

New Registered Office Address: 5237 Summerlin Commons Blvd, Suite 400

Enter Florida Street Address

Fort Myers

, Florida 33907

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.

Dana C. Cox, Manager

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:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>James Wetekamp</u>	<u>1701 Barrett Lakes Blvd, Suite 500, Kennesaw, GA 30144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CFO</u>	<u>Theresa A. McEvily</u>	<u>1701 Barrett Lakes Blvd, Suite 500, Kennesaw, GA 30144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Hudson D. Smith Jr</u>	<u>1701 Barrett Lakes Blvd, Suite 500, Kennesaw, GA 30144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Anirudh Jangalapalli</u>	<u>1701 Barrett Lakes Blvd, Suite 500, Kennesaw, GA 30144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>GC</u>	<u>Henry B. Pickens</u>	<u>1701 Barrett Lakes Blvd, Suite 500, Kennesaw, GA 30144</u>	<input checked="" 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.

Henry B. Pickens
Signature of the authorized representative

Henry B. Pickens

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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 "MARSH CLEARSIGHT LLC", CHANGING ITS NAME FROM "MARSH CLEARSIGHT LLC" TO "RISKONNECT CLEARSIGHT LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2018, AT 1:17 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

3899921 8100
SR# 20188442740

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

Authentication: 204207162
Date: 12-31-18