

To:

Page: 2 of 5

2024-09-18 12:04:30 PDT

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From: Kaity Toon

9/18/24, 2:55 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEASE PLAN U.S.A. INSURANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

K. SALY

SEP 18 2024

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Lease Plan U.S.A. Insurance, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

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: M07000005156

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 08/23/2007

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

5. New name of the limited liability company: LPUSA Insurance, 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: _____

New Registered Office Address: _____

Enter Florida Street Address

City _____, Florida _____ 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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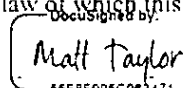
_____	_____	_____	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
 aforementioned amendment(s), duly authenticated by the official having custody of records in the
 jurisdiction under the law of which this entity is organized.

DocuSigned by:

55F3F995C063471 Signature of the authorized representative

Matt Taylor

 Typed or printed name of signee

Filing Fee: \$25.00

Control Number : 07066788

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

FILED
2024 SEP 18 AM 4:25
FALLS CHURCH, VIRGINIA

CERTIFICATE OF FACT

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective 3/20/2023, LEASE PLAN U.S.A. INSURANCE, LLC, a Domestic Limited Liability Company filed Articles of Amendment changing its name to LPUSA Insurance, LLC, a Domestic Limited Liability Company.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 28124196
Print Date : 09/17/2024
Form Number : 218



A handwritten signature in cursive script that reads 'Brad Raffensperger'.

Brad Raffensperger
Secretary of State