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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 24 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AssureRisk Solutions, 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:

Dale Brassfield
Name of Person

ConnectPoint Resolutions Systems, LLC
Firm/Company

2871 N Hwy 167
Address

Catoosa, OK 74015
City/State and Zip Code

bwhite@pacesetterclaims.com
E-mail address: (to be used for future annual report notification)

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- TALLAHASSEE, FLORIDA -

For further information concerning this matter, please call:

Becky White at (918) 665-8887
Name of Person 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 APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: AssureRisk Solutions, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: _____

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? March 16, 2009

5. New name of the limited liability company: ConnectPoint Resolutions Systems, LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____

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

Delaware

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, 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 a member or the authorized representative of a member

BARRY DON COLEMAN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on , by which amended the corporate name to:

CONNECTPOINT RESOLUTION SYSTEMS LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th, day of November, 2010.

M. Susan Savage

Secretary Of State

OFFICE OF THE SECRETARY OF STATE



**AMENDED CERTIFICATE OF REGISTRATION
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Amended Application for Registration of

CONNECTPOINT RESOLUTION SYSTEMS LLC

organized under the laws of the State of DELAWARE has filed in the office of the Secretary of State duly authenticated evidence of its organization and application for registration to transact business in this State, as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Amended Certificate evidencing the registration of said limited liability company to transact business in this state.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
16th day of March, 2009.*

M. Susan Savage

Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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