

MO8 000003518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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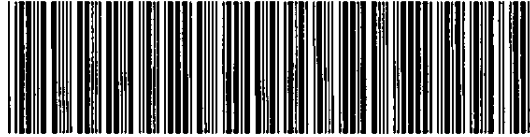
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Gulligan AUG 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US Registered Agents, Inc.

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:

Daniel Steigert

Name of Person

US Registered Agents, Inc

Firm/Company

101 Main Street, Suite One

Address

Tappan, NY 10983

City/State and Zip Code

dsteigert@usregisteredagents.com

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

For further information concerning this matter, please call:

Daniel Steigert

Name of Person

at (845) 3980900

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 |
|---|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 AUG 27 PH 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 13, 2015

DANIEL STEIGERT
101 MAIN STREET, SUITE ONE
TAPPAN, NY 10983

SUBJECT: NTB INSURANCE AGENCY, LLC
Ref. Number: W15000054638

We have received your document for NTB INSURANCE AGENCY, 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00017131

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 27 PM 4:00

FILED

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: Mang Insurance Agency, LLC

2. The Florida document number of this limited liability company is: M08000003518

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 7/25/2008

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

5. New name of the limited liability company: NBT Insurance Agency, 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 office 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

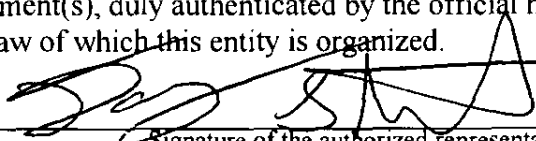
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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TALLAHASSEE, FLORIDA
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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.



Signature of the authorized representative

Daniel Steigert- Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

State of New York
Department of State } **ss:**

I, hereby certify, that MANG INSURANCE AGENCY, LLC a NEW YORK Limited Liability Company, filed Articles of Organization pursuant to the Limited Liability Company Law on 07/02/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of MANG INSURANCE AGENCY, LLC was filed on 09/04/2008.

Certificate of Change was filed on 02/01/2010.

A Biennial Statement was filed 08/02/2010.

Certificate of Change was filed on 01/21/2011.

A Biennial Statement was filed 07/17/2012.

A Certificate of Change was filed on 10/30/2012.

A certificate changing name to NBT INSURANCE AGENCY, LLC was filed on 04/07/2014.

A Biennial Statement was filed 07/08/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of July
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State