

1109000000337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

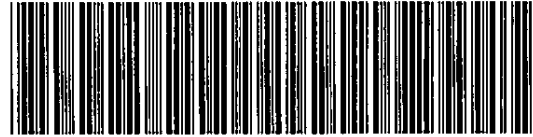
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 DEC -7 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. GIMMONS

DEC 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2017

PATRICE DOWNING
8200 E 32ND ST N
WICHITA, KS 67226

SUBJECT: SIGNATURE SELECT LLC
Ref. Number: M09000000337

We have received your document for SIGNATURE SELECT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE SUBMITT A CERTIFIED COPY FROM SECRETARY OF STATE OF KANSAS SHOWING NAME CHANGE

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 117A00023750

2017 DEC -7 AM 10:32

ALL AMERICAN FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

PATRICE DOWNING
8200 E 32ND STREET N
WICHITA, KS 67226

SUBJECT: SIGNATURE SELECT LLC
Ref. Number: M09000000337

We have received your document for SIGNATURE SELECT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need a certificate of good standing or existence showing the name change.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00022531

*Ms Simmons -
Cert of Good Standing is attached.
Thank you*

2017 NOV 20 PM 2:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signature Select, 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:

Patrice Downing

Name of Person

The IMA Financial Group, Inc.

Firm/Company

8200 E. 32nd Street North

Address

Wichita, KS 67226

City/State and Zip Code

patrice.downing@imacorp.com

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

For further information concerning this matter, please call:

Patrice Downing

Name of Person

at (316) 266-6542

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: Signature Select, 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)

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M09000000337

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 1/23/2009

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

5. New name of the limited liability company: IMA Select, 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

_____, 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

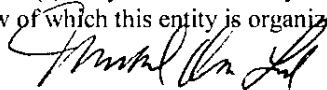
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

Michael D. Lynch, Treasurer

Typed or printed name of signee

Filing Fee: \$25.00



KANSAS SECRETARY OF STATE
Limited Liability Company
Certificate of Amendment

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

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053 015
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This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

6296966

2. Name of limited liability company

Must match name on record with Secretary of State.

Signature Select LLC

3. The limited liability company amends its articles of organization as follows:

The name of the Limited Liability Company:

IMA Select, LLC

4. Future Effective date

Must be within 90 days of filing date.

☐ Upon filing

☒ Future effective date:

Month

Day

Year

01

02

2018

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person

X

Name of Signer (printed or typed)

Michael D. Lynch

Phone Number

(316) 266-6296

Month

Day

Year

10

25

2017



I hereby certify this to be a true and correct copy of the original on file.

Certified on this date: October 27, 2017
KRIS W. KOBACH
Secretary of State

Kris W. Kobach

MM