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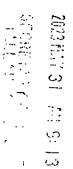
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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03/27/23--01013--012 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------|---------------|
| SUBJECT: BOWEN, MICLETTE & BRITT IN | SURANCE AGE | ENCY, LLC | | |
| Name of Forei | ign Limited Li | ability Con | npany | |
| Dear Sir or Madam: | | | | |
| The enclosed application, certificate and fee(s | s) are submitted | d for filing. | | |
| Please return all correspondence concerning to | his matter to th | ne followin | g: | |
| Christina Miller | | | | |
| Name of Person | | _ | | |
| BroadStreet Partners, Inc. | | | (2) -([]) | 2023 |
| Firm/Company | | _ | ALV | |
| 580 N. Fourth St., Ste. 560 | | | | <u>ယ</u> |
| Address | | | | <u>ः</u> क |
| Columbus, OH 43215 | | | | ـــ دن |
| City/State and Zip Coo | de | | | |
| E-mail address: (to be used for future annual For further information concerning this matter | · | cation) | | |
| Christina Miller | 614 at (| 641-071 | 6 | |
| Name of Person | Area Coo | de & Daytii | me Telephone Number | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Division The Cen 2415 N. | dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303 | |
| Enclosed is a check for the following □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15) | g amount: S55 Filing Certified | - | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | |
| N-10-0000 (2/10) | | | | |

. . .

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 | | Florida Department of | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| State: BOWEN, MICLETTE & BRITT INSURAI | NCE AGENCY, 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 liab | | | |
| 3. Jurisdiction of its organization: Delaw | vare | | 202 SEE |
| 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 2/06/2009 | | | |
| SECTION II (5-9 complete only the applicable cl | | | <u> </u> |
| 5. New name of the limited liability company: (must | contain "Limited Liab | ility Company, ""L.L.C. | "of, "LLC") |
| (If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C. | aging members adoption | | |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office add | | r records, enter the name | of the new |
| Name of New Registered Agent | | | |
| New Registered Office Address. | Finter | r Florida Street Address | |
| | 2, | | |
| | City | Florida | lη: Code |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change a liability company has been notified in writing of this | and agree to act in the nd complete performa red agent as provided , the registered office (| nce of my duties, and I ai for in Chapter 605, F.S. (| m familiar with Or, if this |

If Changing Registered Agent, Signature of New Registered Agent

| . If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|----------------------------|---------------|-------------------------|
| itle/ Capacity | Name | | Address | | Type of Action |
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| aforementioned ame | e law of which this entit | ticated by the ty is organize | official having custody d. | | L]Remove |
| | J. Russell | Ougle of the | authorized representative | - | |

Filing Fee: \$25.00

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOWEN, MICLETTE & BRITT INSURANCE

AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOWEN, MICLETTE

E BRITT INSURANCE AGENCY, LLC" WAS FORMED ON THE FIRST DAY OF

DECEMber, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7163644 8300 SR# 20231091247

Authentication: 202972726

Date: 03-22-23

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF 'BOWEN, MICLETTE & BRITT
INSURANCE AGENCY, LLC' AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE FIRST DAY OF DECEMBER,

A.D. 2022, AT 4:47 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE FIRST DAY OF DECEMBER A.D. 2022, AT 4:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, 'BOWEN, MICLETTE & BRITT'

INSURANCE AGENCY, LLC'.

2023 KAY 3 1 - FEE 25 I

Authentication: 202972725

Date: 03-22-23

7163644 8100H SR# 20231091247 State of Delaware
Secretary of State
Division of Corporations
Delivered 04:47 FM 12:01/2022
FILED 04:47 FM 12:01/2022
SR 20224152413 - File Number 7163644

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

| 1.) | The jurisdiction where the Non-Delaware Limited Liability Company first formed is Texas |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.) | The jurisdiction immediately prior to filing this Certificate is Texas |
| 3.) | The date the Non-Delaware Limited Liability Company first formed is 12/15/2008 |
| 4.) | The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Bowen, Miclette & Britt Insurance Agency, LLC |
| 5.) | The name of the Limited Liability Company as set forth in the Certificate of Formation is Bowen, Miclette & Britt Insurance Agency, LLC |
| IN — | WITNESS WHEREOF, the undersigned have executed this Certificate on the lstday of _December, A.D. 2022 |
| | By: Occursioned by: By: Occursioned by: Authorized Person |
| | Name: Erin E. West Print or Type |

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

| The name of the limited liability company is Bowen, Miclette & Britt Insurance Agency, LLC | | |
|------------------------------------------------------------------------------------------------|----------------------------------|-----------------|
| 2. The Registered Office of the limite located at 850 New Burton Rd., Ste. 201 | d liability company in the State | |
| in the City of Dover | , Zip Code 19904 | (street), . The |
| name of the Registered Agent at such addr liability company may be served is Cogen | ess upon whom process agains | |
| | | |
| | - Designation of the | |
| В | y: Erin Ukst | |
| | Authorized Person | on |
| Nam | e; Erin E. West | 8E6 77 |
| | Print or Type | SEGNO PACT |
| | | 7.5 |