M0900002982

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000285577000



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/11/16

NAME:

SOUTHEAST SERIES OF LOCKTON COMPANIES, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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	s on the records of the Florida Department of		
State: Southeast Series of Lockton	n Companies, LLC		
Enter new principal office address, if applicable:	Same		_
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same		- -
2. The Florida document number of this limited lia	ability company is: M0900002982	PG:	- 16 f
3. Jurisdiction of its organization: Illinois		55 S	TAY I
4. Date authorized to do business in Florida: Au	gust 3, 2009	<u> </u>	<u>_</u>
SECTION II (5-9 complete only the applicable	changes)	11.08 12.08 13.08	=
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.,	" or "LLC	₽
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting the alternate name. The	a and attac e alternate	h a name
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.		of the new	· •
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida Street Address		_
	, Florida		
	City	ip Code	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further agre and complete performance of my duties, and I a tered agent as provided for in Chapter 605, F.S. (in the registered office address, I hereby confirm	m familiar Or, if this	with

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
e/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remov		
		· · · · · · · · · · · · · · · · · · ·	Add		
			Remo		
			SS Add		
			P Remov		
			Add		
		 	Remov		
			Add		
			Remov		
aforementioned an	icate, if required: no more than 9 tendment(s), duly authenticated be law of which this entity is org	by the official having custody of reco	ords in the		

Typed or printed name of signee
Filing Fee: \$25.00

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Southeast Series of Lockton Companies, LLC SERIES 11 OF LC001474102

was created under the laws of this State on the 11th day of March, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of May, 2016.

Secretary of State

Certification Number: CERT-05102016-0106

