

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6946
Fax Number : (954) 208-0945

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STARR INSURE, LLC

Certificate of Status	0
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2017 OCT 11 AM 9:00
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2017 OCT 11 PM 1:29
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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-10-10 16:00:18 CST
RE	STARR INSURE, LLC

COVER MESSAGE

Chris Rickard
Senior Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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2017 OCT 11 P 1:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Star Insure, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

corporate.secretary@starrcompanies.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

CR2E055 (12/14)

**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: Starr Insure, LLC
2. The Florida document number of this limited liability company is: M09000002996
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 08/04/2009

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

5. New name of the limited liability company: Starr 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: _____

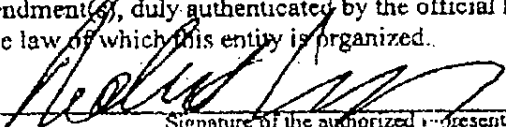
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

Robert Cruz

 Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STARR INSURE, LLC",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARR
INSURANCE AGENCY, LLC" ON THE SIXTH DAY OF JULY, A.D. 2017, AT
1:05 O'CLOCK P.M.

RE



4256378 8320
SR# 20176476972

You may verify this certificate online at corp.delaware.gov/authver.shtml

FILED
2017 OCT 11 PM
Jeffrey W. Bullock, Secretary of State

Authentication: 203342997
Date: 10-04-17