Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INCAPITAL INSURANCE SERVICES, LLC

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EXAMINER

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY. TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability of Department of State is:	ompany as it app Incapital Insure	pears on the records of the Florid ance Services, LLC	la 
2. This entity was formed under the l	nws of:	Delaware	
3. This entity was authorized to transand its Florida document/registration	act business in F number is	lorida on <u>08/09/2010</u> M10000003508	<u> </u>
4. The name and address of each man	ager or managin	g member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and	d Address:	
MGR_	200 Sou	Radike th Wacker Drive LL 60606	
			<u>_</u>
Required Signature: Signature of Mana	diot	viember or Member	
FII	ing Fee: \$25		

CRETARY OF STATE

2011 DEC 22 AM 8: 23

FILED