

5/23/2016 10:38:05 AM From: To: (506) 78-87 (1/5)

M10000003508

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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
INCAPITAL INSURANCE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2016 MAY 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 MAY 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Incapital Distributors 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:

Patricia Allen

Name of Person

Incapital Distributors LLC

Firm/Company

200 South Wacker Drive, Suite 3700

Address

Chicago, IL 60606

City/State and Zip Code

pallen@incapital.com

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

For further information concerning this matter, please call:

Patricia Allen

at ()

312-379-3736

Name of Person

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 (9/15)

**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: INCAPITAL INSURANCE SERVICES 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 liability company is: M10000003508

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 08-09-2010

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

5. New name of the limited liability company: INCAPITAL DISTRIBUTORS 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.

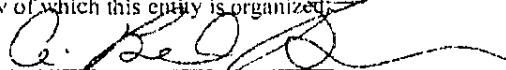
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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

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

A. Brad Busscher, CAO & General Counsel

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INCAPITAL INSURANCE SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INCAPITAL DISTRIBUTORS LLC" ON THE TENTH DAY OF MAY, A.D. 2016, AT 12:16 O'CLOCK P.M.

FILED
2016 MAY 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4840815 8320
SR# 20163060429

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202297132
Date: 05-11-16