

M100000004755

(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



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01/18/24--01035--003 **25.00

2021 JUL 16 AM 9:06
RECEIVED
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highland Insurance Solutions 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:

Kerri Riechers

Name of Person

Firm/Company

605 Highway 169 North, Suite 800

Address

Plymouth, MN 55441

City/State and Zip Code

kriechers@intactinsurance.com

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

For further information concerning this matter, please call:

Kerri Riechers at (952) 852-0507
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: Highland Insurance Solutions 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: M10000004755

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 10/27/2010

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

5. New name of the limited liability company: Strior Insurance Solutions 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.

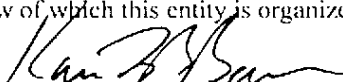
If Changing Registered Agent, Signature of New Registered Agent

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>
Manager	Lynn A. O'Leary	605 Highway 169 North, Suite 800	<input type="checkbox"/> Add
		Plymouth, MN 55441	<input checked="" type="checkbox"/> Remove
Manager	Sarah A. Kolar	605 Highway 169 North, Suite 800	<input checked="" type="checkbox"/> Add
		Plymouth, MN 55441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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

Kara L.B. Barrow

Typed or printed name of signee

Filing Fee: \$25.00



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: STRIOR INSURANCE SOLUTIONS
LLC

Formed In: CALIFORNIA

Entity No.: 201021710165

Entity Type: Limited Liability Company - CA

Issuance Date: 01/03/2024

Copies Requested: 1

Receipt No.: 005875823

Certificate No.: 170343325

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B1949-0016	01/01/2024	Amendment	3

.. * * * * * End of list * * * * *

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on January 03, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)

Name Change Only

LLC-2-NA

For Office Use Only

-FILED-

File No.: BA20231753278
 Date Filed: 1/1/2024

Filing Fee - \$30.00

Certification Fee (Optional) - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at bizfileOnline.sos.ca.gov.

This Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

HIGHLAND INSURANCE SOLUTIONS LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2	0	1	0	2	1	7	1	0	1	6	5
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3. New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Strior Insurance Solutions LLC

Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2-NA. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-2-NA.)

Sign here

Sarah A. Kolar

Print your name here

HIGHLAND INSURANCE SOLUTIONS LLC (201021710165)

PLEASE FILE WITH A FUTURE FILE AND FUTURE EFFECTIVE DATE OF 1/01/2024

2023 JAN 16

2023 JAN 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL



State of California
Secretary of State

FILING OFFICE
ADMINISTRATIVE ACTION STATEMENT

INTERNAL USE ONLY

FILED

In the office of the Secretary of State
of the State of California

NOV 16 2023

1. Identification of the Record to which this FILING OFFICE STATEMENT relates.

1a. DOCUMENT # (IF ANY)	BA20231711163
1b. DATE RECORD FILED	11/01/2023
1c. FILE # TO WHICH THIS STATEMENT RELATES:	201021710165

The Above Space For Filing Office Use Only

2. Describe the inaccuracy or mistake on the part of the filing office:

- ☐ CA Entity Name Entered Incorrectly
- ☐ Entity Number Entered Incorrectly
- ☐ File Date Entered Incorrectly
- ☐ Effective File Date Entered Incorrectly
- ☒ Data Entry Error
- ☐ Status Incorrect
- ☐ Error with Image(s)
- ☐ Other:

3. Describe filing office administrative action taken

☐ Data Corrected From:

To:

☐ Data Added:

☐ Data Removed:

☐ Images: ☐ Added ☐ Removed ☐ Replaced ☐ Redacted

☐ Image(s) Corrected:

☒ Other:

Corrected the BA number from BA20231711163
Corrected the DLN from B2220-1784

4. Additional Explanation (if applicable):

FILING CLERK

FILING OFFICE COPY - FILING OFFICE ADMINISTRATIVE ACTION
STATEMENT

FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED
BE FOS (REV 03/2011)

2023 JAN 16 AM 9:06
SECRETARY OF STATE
CALIFORNIA