

M110000001105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

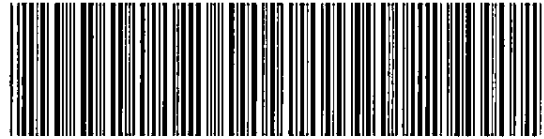
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500423424985

02/09/24--01015--015 **25.00

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2024 MAR -4 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of name for IAL-Component Assurance, 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:

Thomas E Paquette

Name of Person

Hawkeye Component Assurance, LLC

Firm/Company

2050 Mulligan Drive

Address

Colorado Springs, CO 80920-1602

City/State and Zip Code

Tom@HawkeyeCA.com

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

For further information concerning this matter, please call:

Thomas Paquette at (719) 510-2025
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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: IAL-Component Assurance

Enter new principal office address, if applicable: 222 Dunbar Ct

(Principal office address
MUST BE A STREET ADDRESS)

Suite 100

Oldsmar, FL 34677

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2050 Mulligan Drive

Colorado Springs, CO 80920-1602

2. The Florida document number of this limited liability company is: M11000001105

3. Jurisdiction of its organization: Colorado

4. Date authorized to do business in Florida: 03/02/11

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

5. New name of the limited liability company: Hawkeye Component Assurance, 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: Thomas E Paquette

New Registered Office Address: 222 Dunbar Ct

Enter Florida Street Address

Oldsmar

Florida 34677

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.

Thomas E Paquette
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

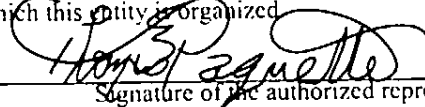
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas E Paquette	2050 Mulligan Drive	<input checked="" type="checkbox"/> Add
		Colorado Springs, CO 80920-1602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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Remove
Add
Remove

SECRETARY OF STATE
TALLAHASSEE, FL.

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

Thomas E Paquette

Typed or printed name of signee

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Correct Entity Name

with Document # 20238366115 of
Hawkeye Component Assurance, LLC

Colorado Limited Liability Company

(Entity ID # 20101655500)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/13/2024 that have been posted, and by documents delivered to this office electronically through 03/18/2024 @ 16:33:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/18/2024 @ 16:33:06 in accordance with applicable law. This certificate is assigned Confirmation Number 15854537.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

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TALLAHASSEE, FL



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.coloradosos.gov.

Colorado Secretary of State
Date and Time: 12/31/2023 12:52 PM
ID Number: 20101655500
Document number: 20238366115
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Correction Correcting the Entity Name
filed pursuant to §7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 20101655500
(Colorado Secretary of State ID number)

Entity name
IAL - COMPONENT ASSURANCE, LLC

2. The document number of the filed document being corrected is 20101655579

3. The entity name is incorrect.

4. Such entity name, as corrected, is
Hawkeye Component Assurance, LLC

5. ☐ This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. The true name and mailing address
of the individual causing the document
to be delivered for filing are

Paquette	Thomas	E	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>146 Big Horn Lane</u>			
<small>(Street name and number or Post Office Box information)</small>			
Florissant	CO	80816	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u>United States</u>			
<small>(Province - if applicable)</small>		<small>(Country - if not US)</small>	

(If the following statement applies, adapt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

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2024 MAR -11 PM 4:50
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TALLAHASSEE, FL