

MI 000003113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

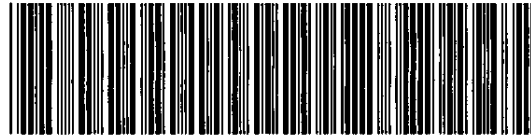
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/18/14--01025--015 **25.00

FILED
14 FEB 18 PM 12:50
TALLAHASSEE, FL 32304
SCL 114

J. Stivers FEB 19 2014



Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Basic Group, LLC name change

Attached please find the enclosed request to change the name of Basic Group, LLC to MCM Insurance Services, LLC.

If you have any questions please contact Brian Daniels at 206-748-9569 or via email brian.daniels@mcmnw.com.

Thank you,

A handwritten signature in black ink, appearing to be "BD" followed by a long horizontal stroke.

Brian Daniels
VP Operations
206-748-9569
Brian.daniels@mcmnw.com

MCM
1325 Fourth Avenue Suite 2100
Seattle, WA 98101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bacic Group, 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:

Brian Daniels
Name of Person

MCM
Firm/Company

1325 Fourth Avenue, Suite 2100
Address

Seattle, WA 98101
City/State and Zip Code

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

For further information concerning this matter, please call:

Brian Daniels at (206) 748-9569
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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Bacic Group, LLC
2. Jurisdiction of its organization: WA
3. Date authorized to do business in Florida: 06/17/2011

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: MCM Insurance Services, 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.")

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

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original 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

Donald W. Bacic

Typed or printed name of signer

Filing Fee: \$25.00

RECEIVED
JUN 18 2011
FILED
50



SOS

Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

- ☐ Filing Fee \$30.00
- ☐ Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

09/06/13 2488410-

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\$30.00 K

td: 2601047

FILED

SECRETARY OF STATE
SEPTEMBER 6, 2013
STATE OF WASHINGTON

UBI Number: 602-758-643

AMENDED CERTIFICATE OF FORMATION/REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY (LLC): (as currently recorded with the Office of the Secretary of State)
Bacic Group, LLC

SECTION 2

AMENDMENTS TO CERTIFICATE: (if necessary, attach additional information. If changing the name it must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

MCM Insurance Services, LLC

(name change from Bacic Group, LLC to MCM Insurance Services, LLC)

SECTION 3

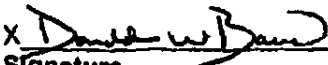
EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: (please check one of the following)

- ☒ Upon filing by the Secretary of State
- ☐ Specific Date: _____ (Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)

SECTION 4

MEMBER OR MANAGER SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X 	Don Bacic / President	08/28/2013	2063432323
Signature	Printed Name/Title	Date	Phone
	Donald W. Bacic		