M11 0000 04399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

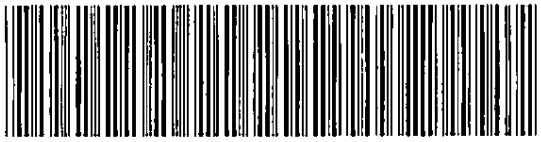
(Document Number)

Certified Copies ✓ Certificates of Status _____

Special Instructions to Filing Officer:

Walk In

Office Use Only



900337074089

TALLENT

NOV 2 1 2019

2019 NOV 20 AM 8:49

FILED

FLORIDA

19 NOV 2 PM 4:31

Foreign Amend

Returned to State 11/25/19

CORRECTED
Please Allow For
Same File Date

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2019

CT CORP
SELECT PROFESSIONAL UNDERWRITERS, LLC

SUBJECT: SELECT PROFESSIONAL UNDERWRITERS, LLC
Ref. Number: M11000004399

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

THE CERTIFICATE OR AMENDMENT MUST SHOW THE PREVIOUS ENTITY NAME CHANGING TO THE NEW ENTITY NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00023887

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2019

CORRECTED
Please Allow For Same File Date

Thank you!

CT CORP
SELECT PROFESSIONAL UNDERWRITERS, LLC

SUBJECT: SELECT PROFESSIONAL UNDERWRITERS, LLC
Ref. Number: M11000004399

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00023765

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/19/2019

Acc#I20160000072

Name:	Select Professional Underwriters, LLC
Document #:	
Order #:	12398420

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:	☑	Certified:	☑
		Plain:	☐
		COGS:	☐

Availability _____

Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 55

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Professional Underwriters, 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:

Marissa Hunt
Name of Person

Mag Mutual Insurance Company
Firm/Company

P. O. Box 52979
Address

Atlanta, GA, 30355
City/State and Zip Code

MHunt@magmutual.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marissa Hunt at (404) 842-5566
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: Select Professional Underwriters, 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) _____

_____

2019 NOV 20 AM 8:49

2. The Florida document number of this limited liability company is: M11000004399

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 08/31/2011

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

5. New name of the limited liability company: MagMutual Placement 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.")

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)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ 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

Michael Markett
_____
Typed or printed name of signee

Filing Fee: $25.00

Control Number : K927697

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SELECT PROFESSIONAL UNDERWRITERS, LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 08/05/2019 changing its name to

MagMutual Placement Services, LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 09/04/2019.

Brad Raffensperger

Brad Raffensperger
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

Secretary of State

2019

Articles of Amendment to Articles of Organization

Article One

The name of the limited liability company ("company") is:

Select Professional Underwriters, LLC.

Article Two

The date the original articles of organization were filed was: July 7, 1999.

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

MagMutual Placement Services, LLC.

Article Four

(Check, and if applicable complete, one of the following)

☐ The articles of amendment shall be effective upon the filing with the Secretary of State.

☑ The articles of amendment shall be effective on: August 5, 2019 (Date) at 2:47PM (Time).

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

August 20, 2019. (Date)

Signature

Michael Markett, Esq.
Print Name

Capacity (choose one option only):
- ☑ Organizer
- ☐ Member
- ☐ Manager
- ☐ Court-Appointed Fiduciary
- ☐ Attorney-in-fact

Email Address: wfagan@magmutual.com

Form CD 115
(Rev. 10/2018)

Control Number : K927697

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFIED COPY

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

MagMutual Placement Services, LLC
a Domestic Limited Liability Company

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number	: 18176328
Date Inc/Auth/Filed	: 07/07/1999
Jurisdiction	: Georgia
Print Date	: 11/11/2019
Form Number	: 215

Brad Raffensperger
Secretary of State

Control Number : K927697

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MagMutual Placement Services, LLC
a **Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 18178232
Date Inc/Auth/Filed	: 07/07/1999
Jurisdiction	: Georgia
Print Date	: 11/13/2019
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State