

M12 00000 2402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

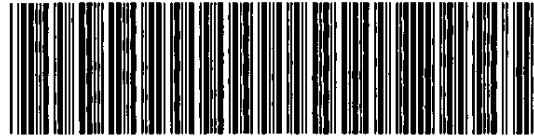
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/15/16 ES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACISA Partners, 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:

Alison Klein

Name of Person

Insurance Compliance Center, Inc.

Firm/Company

1 Diamond Causeway, Suite 21265

Address

Savannah, GA 31406

City/State and Zip Code

alison@inscomply.com

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

For further information concerning this matter, please call:

Alison Klein at (912) 353-7013
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

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TALLAHASSEE, FLORIDA



Insurance Compliance Center

September 6, 2016

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

Re: **Amendment to Certificate of Authority; ACSIA Partners, LLC**

Dear Sir or Madam:

Please find enclosed with this letter what we believe to be a complete and accurate Application by Foreign LLLC to File Amendment to Certificate of Authority to Transact Business in Florida on behalf of ACSIA Partners, LLC along with a check in the amount of Twenty five dollars (\$25.00) for the filing fee.

Based on the above, I would like to respectfully request your review of the enclosed materials and if all meets with your approval, the issuance of their Foreign Authority. During your review, should you find you have questions, please feel free to contact us as our company has been retained to represent ACSIA Partners, LLC in this matter.

I do appreciate your assistance in this matter and look forward to your response.

Respectfully,

Alison Klein
Insurance Licensing Specialist
Insurance Compliance Center, Inc.
Alison@inscomply.com

AGK: sm
Enclosure

FILED
16 SEP 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: ACSIA Partners, LLC

Enter new principal office address, if applicable: 5110 Carillon Point

(Principal office address

MUST BE A STREET ADDRESS)

Kirkland, WA 98033

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: M12000002902

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 05/23/12

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

5. New name of the limited liability company: _____
(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

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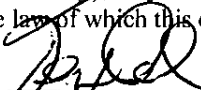
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Ken Dehn	5110 Carillon Point	<input checked="" type="checkbox"/> Add
		Kirkland, WA 98033	<input type="checkbox"/> Remove
Manager	Denise Gott	5110 Carillon Point	<input checked="" type="checkbox"/> Add
		Kirkland, WA 98033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECRETARY OF STATE

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

Ken Dehn

Typed or printed name of signee

Filing Fee: \$25.00