

To

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2023-10-13 07:46:16 CST

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From: David Thomas

10/13/23, 9:43 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M120000359145

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SRA INSURANCE AGENCY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2023 OCT 13 AM 11:29

FLORIDA
DIVISION OF
CORPORATIONS
STATE

601 16 2023

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: SRA Insurance Agency, 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: M12000006163

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 10/30/2012

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

5. New name of the limited liability company: AssuredPartners of Kansas, 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.

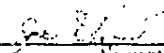
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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

JOE DAVIS, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

SCOTT SCHWAB
Secretary of State



Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564

STATE OF KANSAS

September 29, 2023

CT CORPORATION SYSTEM

ID#: 670-496-9
RE: ASSURED PARTNERS OF KANSAS, LLC

Enclosed please find:

XX Certificate of Fact

We are in receipt of your \$20.00 which covers the fee.

jc

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

That SRA INSURANCE AGENCY, LLC is a regularly and properly organized limited liability company under the laws of the state of Kansas, having been incorporated in Kansas on the 19th day of September, A.D., 2012.

I FURTHER CERTIFY that a certificate of amendment was filed in this office September 1, 2023, changing the company name from SRA INSURANCE AGENCY, LLC to ASSUREDPARTNERS OF KANSAS, L.L.C.

I DO FURTHER CERTIFY that ASSUREDPARTNERS OF KANSAS, L.L.C. is in good standing having fully complied with all requirements of this office.



In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka,
this 29th day of September, A.D., 2023.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE