

M12000006876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

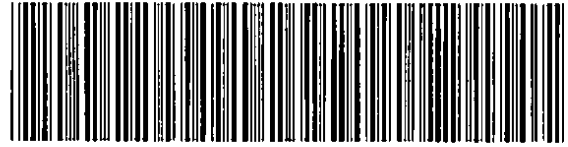
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500389607095

RECEIVED

2022 JUN 15 PM 3:34

DIVISION OF
TALLAHASSEE, FLORIDA


FILED

2022 JUN 15 AM 10:56

TALLAHASSEE, FLORIDA

cf 6/16/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 741894 7393609
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 14, 2022

ORDER TIME : 2:12 PM

ORDER NO. : 741894-045

CUSTOMER NO: 7393609

FOREIGN FILINGS

NAME: BRIDGEPOINT RISK MANAGEMENT
LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

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

FILED

SECTION I (1-4 must be completed)

2022 JUN 15 AM 10:56

1. Name of limited liability Company as it appears on the records of the Florida Department of _____
State: BRIDGEPOINT RISK MANAGEMENT LLC TALLAHASSEE, FL

Enter new principal office address, if applicable: c/o Bridgepoint Risk Management LLC

(Principal office address) 18100 Von Karmen Ave., 10th Floor
MUST BE A STREET ADDRESS)

Irvine, CA 92612

Enter new mailing address, if applicable: c/o Bridgepoint Risk Management LLC

(Mailing address) 18100 Von Karmen Ave., 10th Floor
MAY BE A POST OFFICE BOX)

Irvine, CA 92612

2. The Florida document number of this limited liability company is: M12000006876

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/10/2012

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

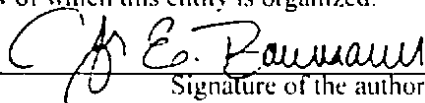
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

CALIFORNIA

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>
CEO/Mbr	Paolini, John		<input type="checkbox"/> Add
		12772 Aviano Dr., Naples, FL 34105	<input checked="" type="checkbox"/> Remove
Member	Alliant Insurance Services, Inc.	701 B St., 6th Fl., San Diego, CA 92101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Corbett, Thomas W.	701 B St., 6th Fl., San Diego, CA 92101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Zimmer, Jr., Gregory P.	701 B St., 6th Fl., San Diego, CA 92101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Hurst, Ralph S.	701 B St., 6th Fl., San Diego, CA 92101	<input checked="" 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

Jennifer E. Baumann

Typed or printed name of signee

Filing Fee: \$25.00



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: BRIDGEPOINT RISK
MANAGEMENT, LLC

Formed In: DELAWARE

Entity No.: 201826410100

Entity Type: Limited Liability Company - Out of
State

Issuance Date: 06/14/2022

Copies Requested: 1

Receipt No.: 001956150

Certificate No.: 021573423

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
37426510-1	12/23/2021	Legacy Conversion	1

.. ***** End of list *****

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on June 14, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



021573423



STATE OF CALIFORNIA
Office of the Secretary of State
BUSINESS ENTITIES ORDERS
California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

Entity Details

Entity Name	BRIDGEPOINT RISK MANAGEMENT, LLC
Entity No.	201826410100
Registration Date	09/17/2018
Entity Type	Limited Liability Company - Out of State
Formed In	DELAWARE
Entity Status	Converted Out

Request Type

Request Type	Certified Copies
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Certified Copies Request

Legacy Conversion
#LBA37426510
Filing Date
12/23/2021 12:00 AM



State of California
Secretary of State

Limited Liability Company
Articles of Organization - Conversion

LLC-1A

File #

202136310308
201826410100

FILED *Emv*
Secretary of State
State of California

DEC 23 2021 *Sxc*

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

BRIDGEPOINT RISK MANAGEMENT LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

☐

One Manager

☒

More Than One Manager

☐

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

1301 Dove Street, Suite 200

City

Newport Beach

State

CA

Zip Code

92660

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

701 B Street, 6th Floor

City

San Diego

State

CA

Zip Code

92101

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file

- a. Name of Agent For Service of Process

Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service

- b. If an Individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

City

State

CA

Zip Code

- c. If an individual, Mailing Address of Agent for Service of Process

City

State

CA

Zip Code

Converting Entity Information

7. Name of Converting Entity

BRIDGEPOINT RISK MANAGEMENT LLC

8. Form of Entity

limited liability company

9. Jurisdiction

Delaware

10. CA Secretary of State Entity Number, if any

201826410100

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.

AND

The percentage vote required of each class.

100% of outstanding Ordinary Common Units (1,992,834)

Greater than 50%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Jennifer E. Baumann
Signature of Authorized Person

Jennifer E. Baumann, Secretary
Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person