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.

(((H15000222840 3)))



H150002228403ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

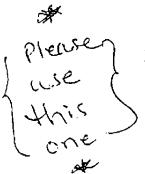
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

**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 PHILADELPHIA FINANCIAL ADMINSTRATION SERVICES COMPAN

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 18 2015 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

•	•	
TO: Registration Section	•	
Division of Corporations	5	
Division of Corporations		
SUBJECT: Philadelphia Financial Adminstration	Services Company, LLC	
	gn Limited Liability Company	
i turne of t oreig	311 Dittined Didottity Company	
D 01 M. 1		
Dear Sir or Madam:		
The enclosed application, certificate and fec(s)	are submitted for filing.	
•	_	
Please return all correspondence concerning th	is matter to the following:	
. ione institution of the state	in matter to aid tomounite.	
	······································	
Name of Person		
		
Firm/Company		
Address		
Address		
City/State and Zip Cod	<u> </u>	
	_	
hmisson@philadelphiafinancial.com		
E-mail address: (to be used for future annual	report notification)	
E-mail address. (to be used for fathle aimidal	report nouncation)	
For further information concerning this matter,	please call:	
	_at ()	
Name of Person	Area Code & Daytime Telephone Number	
•		
CORRECTORING APPROX.	ALATT DEC ADDRESS.	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
	Talialasco, Tiolian 52514	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount	!:	
□ \$25 Filing Fee □ \$30 Filing Fee &	□ \$55 Filing Fee & □ \$60 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	
Celtificate of Status		
Oboross (12/14)	Certified Copy	
CR2E055 (12/14)		

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: Philadelphia Financial Administration Services Company, LLC
2. The Florida document number of this limited liability company is; M13000000508
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 01/24/2013
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: Lombard International Administration Services Company, 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," "LLC." or "LLC.")
6. If amending the registered agent and/or registered office 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
Ctry 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:

Title/ Capacity	Name	Address	Type of Actio
			Remove
			D Add
			CI Remove
			D Add
			Remove
			Remove
			Add
			□ Remove
aforemention	certificate, if required: no more than ned amendment(s), duly authenticated ander the law of which this entity is o	i by the official having custo	

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "PHILADELPHIA FINANCIAL

ADMINISTRATION SERVICES COMPANY, LLC", CHANGING ITS NAME FROM

"PHILADELPHIA FINANCIAL ADMINISTRATION SERVICES COMPANY, LLC" TO

"LOMBARD INTERNATIONAL ADMINISTRATION SERVICES COMPANY, LLC",

FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF AUGUST, A.D.

2015, AT 6:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SEVENTH DAY
OF SEPTEMBER, A.D. 2015.

5037700 8100

151204642

DATE: 08-22-15

AUTHENTICATION: 2668569

jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp. delaware.gov/authver.shtml