

M13ULLCCOC5CS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2022 JUN 30 AM 11:24  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lombard International Administration Services Company, 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:

Tyler Cote

\_\_\_\_\_  
Name of Person

Talcott Resolution

\_\_\_\_\_  
Firm/Company

1 Griffin Road North

\_\_\_\_\_  
Address

Windsor, CT, 06095

\_\_\_\_\_  
City/State and Zip Code

tyler.cote@talcottresolution.com

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

For further information concerning this matter, please call:

Tyler Cote at ( 860 ) 791-0149  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

FILED  
2022 JUN 30 AM 11:24  
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: Lombard International Administration Services Company, 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: M13000000508

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/24/2013

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

5. New name of the limited liability company: Talcott 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," "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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2022 JUN 30 AM 11:24  
TALCOTT ADMINISTRATION SERVICES COMPANY, LLC  
M13000000508



# Delaware

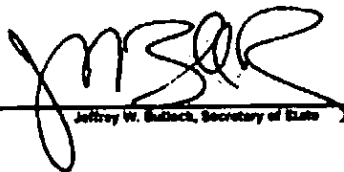
The First State

Page 1

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 "LOMBARD INTERNATIONAL  
ADMINISTRATION SERVICES COMPANY, LLC", CHANGING ITS NAME FROM  
"LOMBARD INTERNATIONAL ADMINISTRATION SERVICES COMPANY, LLC" TO  
"TALCOTT ADMINISTRATION SERVICES COMPANY, LLC", FILED IN THIS  
OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2022, AT 2:21 O'CLOCK  
P.M.

FILED  
2022 JUN 30 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



  
Jeffrey W. Bullock, Secretary of State

5037700 8100  
SR# 20221396653

Authentication: 203173963  
Date: 04-13-22

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Lombard International  
Administration Services Company, LLC
2. The Certificate of Formation of the limited liability company is hereby amended  
as follows:

The name of the Limited Liability Company is Talcott  
Administration Services Company, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 11 day of April, A.D. 2022.

By: \_\_\_\_\_

*Christopher B. Cramer*

Authorized Person(s)

Name: Christopher B. Cramer

Print or Type

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