

M13 000000 3156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

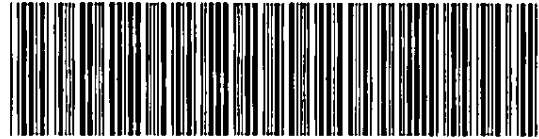
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800391335768

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 SEP 22 AM 10:06

FILED

07/22/22--01019--002 25.00

SEP 30 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Agency Solutions, 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:

Donald Berube

Name of Person

Grid151 Agency Services LLC

Firm/Company

875 Concourse Pkwy S. Suite 200

Address

Maitland Florida, 32751

City/State and Zip Code

dberube@wltic.com

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

For further information concerning this matter, please call:

Whitney Joseph

Name of Person

at (407) 840.7793

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee.
Certificate of Status &
Certified Copy |
|---|---|--|--|

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Specialty Agency Solutions, LLC

**(Principal office address
MUST BE A STREET ADDRESS)**

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000003186

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 20, 2013

5. New name of the limited liability company: Grid151 Agency Services LLC
(must contain "Limited Liability Company," "LLC," 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)(e), 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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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.

Ryan B. Peterson
095C31FC2A7245A Signature of the authorized representative

Ryan B. Peterson, Vice President

 Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2022 SEP 22 AM 10:06
 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRID151 AGENCY SERVICES LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2022.*




Jeffrey W. Bullock, Secretary of State

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

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

The new name of the Limited Liability Company is
Grid151 Agency Services LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 12 day of May, A.D. 2022.

By: Donald A. Berube
Authorized Person(s)

Name: Donald A. Berube
Print or Type

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Specialty Agency Solutions, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The new name of the Limited Liability Company is
eAgency Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 21 day of April, A.D. 2022.

By: Don Berube
1E8338258997488
Authorized Person(s)

Name: Don Berube
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EAGENCY SERVICES, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2022.



5327168 8300

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203256523