

M13000004298

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: Benjamin@latticellegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HALL MAROSE SILVEUS, LLC**

Certificate of Status	0
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Corporate Filing Menu

DEC 27 2019
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M. SOLOMON

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Fax Audit H190003701973

**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: Hall Marose Silveus, 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: M130000042983. Jurisdiction of its organization: Indiana4. Date authorized to do business in Florida: 7/8/2013

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

5. New name of the limited liability company: W.R. Hall Insurance Group, 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," "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: Business Filings IncorporatedNew Registered Office Address: 1200 South Pine Island RoadEnter Florida Street Address

Plantation

City

Florida

33324

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.

Mark Williams, AVP of

Business Filings Incorporated

Mark Williams
If Changing Registered Agent, Signature of New Registered Agent

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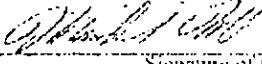
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity	Name	Address	Type of Action
Manager	Snow, Craig	1037 Mariners Drive	☐ Add
		Warsaw, IN 46582	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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

Michael Hall, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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