

1115000000930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JAN 10 P 3:49

FILED

D. BRUCE  
JAN 11 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2016

RECEIVED

JAN 03 2017

SUPPORTIVE INSURANCE

CANDY MCKINNEY  
SUPPORTIVE INSURANCE SERVICES LLC  
1610 S OLD DECKER RD  
VINCENNES, IN 47591

SUBJECT: ATLANTIC CLOSING & ESCROW OF RI, LLC  
Ref. Number: M15000000930

We have received your document for ATLANTIC CLOSING & ESCROW OF RI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company which needs to correct any false statement or has changed its name, duration, or jurisdiction should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by a filing fee of \$25, an additional \$30 for each certified copy (optional) requested, and an original certificate from the domicile state when amending the name, duration, or jurisdiction. Said certificate must evidence the amendment and be issued within the last 90 days.

If the amendment is merely to correct a false statement listed on a document previously filed with the Florida Department of State or does not require an amendment to be filed in its domicile state or country, a certificate is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00027264

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2017 JAN 10 PM 2:47  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Closing & Escrow of Rhode Island, 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:

Candy McKinney

Name of Person

Supportive Insurance Services LLC

Firm/Company

1610 S Old Decker Rd

Address

Vincennes IN 47591

City/State and Zip Code

vjstevens@supportiveis.com

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

For further information concerning this matter, please call:

Candy McKinney

Name of Person

at ( 812 ) 494 2392

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

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

CR2E055 (9/15)

FILED  
2017 JAN 10 PM 3:49  
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: Atlantic Closing & Escrow of Rhode Island, 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: W1500000321

3. Jurisdiction of its organization: RI

4. Date authorized to do business in Florida: 1/15/15

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

5. New name of the limited liability company: Atlantic Closing & Escrow, 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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2017 JAN 10 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<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

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

Scott Kriss /member

Typed or printed name of signee

Filing Fee: \$25.00



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
Nellie M. Gorbea, Secretary of State

RECEIVED  
NOV 21 2016  
SUPPORTIVE INSURANCE

*The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that articles of amendment were filed in this office on the first day of November, 2016 changing the company name from ATLANTIC CLOSING & ESCROW OF RHODE ISLAND, LLC to ATLANTIC CLOSING & ESCROW, LLC.*

SIGNED AND SEALED this 10<sup>th</sup>  
day of November, 2016.

Secretary of State

By

