

**M15000002274**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

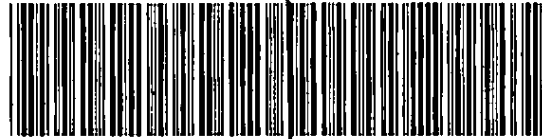
(Document Number)

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

Special Instructions to Filing Officer:

W18-25921 CNO Event

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
APR 10 2018



March 13, 2018

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

RE: AMENDMENT TO CERTIFICATE OF AUTHORITY  
STATE OF FLORIDA

Please amend the Application for Authority for Crawford Advisors, LLC in the state of Florida. Enclosed are the following:

1. Application for Amendment to Certificate of Authority
2. Certificate of Good Standing
3. Check in the amount of \$30

Please return the approved information to:

AP Benefit Advisors, LLC  
c/o Herbert L. Jamison & Co., LLC  
20 Commerce Dr., Suite 200  
Cranford, NJ 07016  
ATTN: Steve Lawrence

Very truly yours,

Stephen R. Lawrence  
Vice President  
Ph 973.669.2301  
Fax 973.731.8439  
slawrence@jamisongroup.com

Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crawford Advisors, 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:

Steve Lawrence

Name of Person

AP Benefit Advisors, LLC

Firm/Company

c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr Ste 200

Address

Cranford, NJ 07016

City/State and Zip Code

slawrence@jamisongroup.com

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

For further information concerning this matter, please call:

Steve Lawrence

Name of Person

at ( 973 ) 669-2301

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

**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: Crawford Advisors, 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: M15000002274

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 3/24/15

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

5. New name of the limited liability company: AP Benefit Advisors, 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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STATE OF FLORIDA  
TALLAHASSEE

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

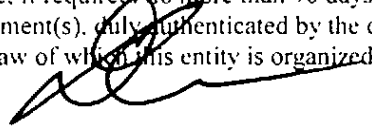
\_\_\_\_\_

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
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_____	_____	_____	<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

**Dean Curtis, EVP**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
**18 APR -6 PM 1:48**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

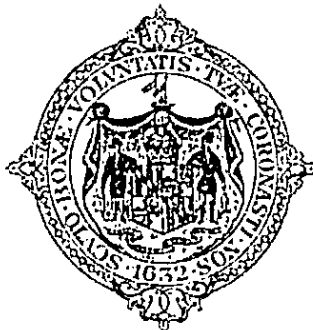
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE. AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CRAWFORD ADVISORS, LLC FILED ITS ARTICLES OF AMENDMENT WITH A NAME CHANGE CHANGING ITS NAME TO AP BENEFIT ADVISORS, LLC WITH THIS DEPARTMENT ON FEBRUARY 16, 2018 AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 04, 2018.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0011034985  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR - 6 PM 1:48

FILED

CRTGST



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2018

AP BENEFIT ADVISORS, LLC / STEVE LAWRENCE  
O/C HERBERT L. JAMISON & CO., LLC  
20 COMMERCE DR, STE. 200  
CRANFORD, NJ 07016

SUBJECT: CRAWFORD ADVISORS, LLC  
Ref. Number: M15000002274

We have received your document for CRAWFORD ADVISORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 118A00005416

RECEIVED

2018 APR -6 AM 11:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA