

MISSOURI

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

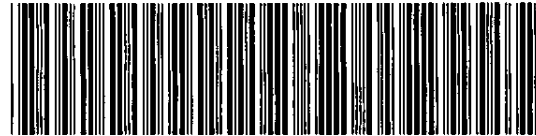
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200274423732

07/07/15--01001--008 **25.00

RECEIVED
DEPARTMENT OF
CORPORATIONS

15 JUL -6 PM 3:54

TO AGGREGATE
SUFFICIENCY OF FILINGS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUL -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2015

S MASON



Wolters Kluwer
Corporate Legal Services™

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

July 6, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9613310 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

ETHOS RISK SERVICES, LLC (DE)
Misc - Foreign LLC Filing - Amendment Filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 AM 10:11
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: ETHOS RISK SERVICES, LLC
2. The Florida document number of this limited liability company is: M15000005052
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: June 19, 2015

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

5. New name of the limited liability company: _____
(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 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: _____

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:
- _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward J. Cotilla	300 1st Ave. S., Suite 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
MGR	Martin T. Petrie	300 1st Ave. S., Suite 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
P, CEO	Micah T. Smith	300 1st Ave. S., Suite 300	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
VP, CFO	James A. Toone	300 1st Ave. S., Suite 300	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<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
James R. Spoor
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA