

MIS 00000 5568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

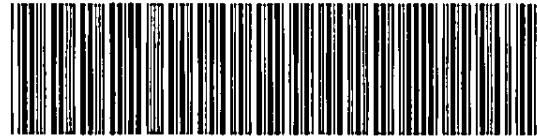
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000344248120

05/12/20--01012--005 **25.00

2020 12 17 11:25

R WHITE
MAY 29 2020



Florida Division of Corporations
Attn: Registration Section
PO Box 6327
Tallahassee, FL 32314

April 30, 2020

Re: Universal Guardian Acceptance, LLC Upcoming Change of Address
Credential Type: Foreign Limited Liability Company Registration
Credential No.: M15000005568

Dear Sir/Madam:

We are excited to announce that Universal Guardian Acceptance, LLC will be relocating to a newer, state-of-the-art facility, tentatively scheduled for Monday, June 1st, 2020. All other contact information will remain the same. Please continue to email us at licensing@ugafinance.com.

Please process the enclosed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida Form at your earliest convenience. The required fee of \$25.00 has been enclosed via a check payable to Florida Department of State. For your reference, a copy of our Florida Foreign Limited Liability Company Registration has been enclosed. As required, a certificate from Delaware evidencing the amendment has been requested and is enclosed for your reference. The original certificate will be forwarded to you upon receipt.

Please be sure to update your contact information to reflect our new premises:
Universal Guardian Acceptance, LLC
603 East Street, Suite 401
Parkville, Missouri 64152

Business Entity Summary

Entity Name: Universal Guardian Acceptance, LLC
Entity ID: M15000005568
State of Formation: Delaware

Kindly review and contact us with any questions you may have concerning our new location. We look forward to continuing to work with the State of Florida at our new address.

Warm Regards,


Jen Price

Compliance Manager

P: 816.584.4734 / M: 303.304.0912

E: jeprice@ugafinance.com / licensing@ugafinance.com

Encl: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida Form

Check for \$25.00 Filing Fee

Copy of Florida Universal Guardian Acceptance, LLC Foreign Limited Liability Company Registration

Copy of Amendment Request to Delaware / State of Jurisdiction

7505 NW Tiffany Springs, Ste 400, Kansas City, MO 64153

**Delaware Division of Corporations
401 Federal Street – Suite 4**

Dover, DE 19901

Ph: 302-739-3073

Fax: 302-739-3812

**Certificate of Amendment for
Limited Liability Company**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Amendment for a Delaware Limited Liability Company to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee to file the Certificate is \$200 and you will receive a stamped "Filed" copy of your submitted document. A certified copy may be requested for an additional \$50.00. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to the "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

encl.

rev. 7/03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Guardian Acceptance, 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:

Jen Price, Compliance Manager

Name of Person

Universal Guardian Acceptance, LLC

Firm/Company

603 East Street, Suite 401

Address

Parkville, MO 64152

City/State and Zip Code

licensing@ugafinance.com

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

For further information concerning this matter, please call:

Jen Price, Compliance Manager

at (816) 584-4734

Name of Person

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:

☒ \$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: Universal Guardian Acceptance, LLC

Enter new principal office address, if applicable:

603 East Street, Suite 401

(Principal office address

Parkville, MO 64152

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

603 East Street, Suite 401

(Mailing address

Parkville, MO 64152

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005568

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/14/2015

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 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.

Jennifer Price
Signature of the authorized representative

Jen Price, Compliance Manager

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

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

Change of Address, effective as of 06/01/2020 to:

Universal Guardian Acceptance, LLC
Attn: Jen Price, Compliance Manager
603 East Street, Suite 401
Parkville, MO 64152

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 1st day of May, A.D. 2020.

By: Jennifer Price
Authorized Person(s)

Name: Jen Price, Compliance Mgr
Print or Type