

3/24/2020

Division of Corporations

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

MIS0000065

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : 120000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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

Email Address: _____

RECEIVED
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 2020 MAR 24 PM 2:20

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 WORLEY SPECIALTY SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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MAR 25 2020

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worley Specialty Services 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:

Annie Hunt
Name of Person

Alacrity Solutions Group
Firm/Company

9725 Windermere Blvd.
Address

Fishers, IN 46037
City/State and Zip Code

annie.hunt@worleyco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annie Hunt at (800) 968-4456
Name of Person 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: Worley Specialty Services 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: M15000006065

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/31/2015

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

5. New name of the limited liability company: Alacrity Claims Solutions, 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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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

020 MAR 24 PM 9:03
 STATE OF MISSISSIPPI
 SECRETARY OF STATE

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.

Annie Hunt

 Signature of the authorized representative

Annie Hunt

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WORLEY SPECIALTY SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALACRITY CLAIMS SOLUTIONS, LLC" ON THE TWENTIETH DAY OF MARCH, A.D. 2020, AT 7:20 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALACRITY CLAIMS SOLUTIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2015.




Jeffrey W. Bullock, Secretary of State

5794058 8320
SR# 20202309655

Authentication: 202638243
Date: 03-23-20

You may verify this certificate online at corp.delaware.gov/authver.shtm

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