

5/22/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

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STATE
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TALLAHASSEE, FLORIDA
17 MAY 22 AM 9:39

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERITAS CLAIMS SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2017 MAY 22 PM 3:44

TALLAHASSEE, FLORIDA

MAY 23 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veritas Claims 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:

MARIANNE ATLAND

Name of Person

K2 CLAIMS SERVICES

Firm/Company

P.O. Box 3153

Address

HARRISBURG, PA 17105

City/State and Zip Code

maltland@aegisfirst.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

CR2E035 (12/14)

17 MAY 22 AM 9:39

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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: Veritas Claims Services, LLC
2. The Florida document number of this limited liability company is: M15000008684
3. Jurisdiction of its organization: California
4. Date authorized to do business in Florida: 10/26/2015

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

5. New name of the limited liability company: K2 Claims Services, LLC

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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

City

Florida

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
			☐ Remove

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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.

Marianne Altland

Signature of the authorized representative

MARIANNE ALTLAND

Typed or printed name of signee

Filing Fee: \$25.00

State of California

Secretary of State

Certificate of Filing of All Documents

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: K2 CLAIMS SERVICES LLC

File Number: 201226210150
Registration Date: 09/17/2012
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA

All business entity documents recorded in this office for said entity are:

Document Type: FORMATION
File Date: 09/17/2012
Effective Date: 09/17/2012

Document Type: STATEMENT OF INFORMATION
File Date: 08/30/2016
Effective Date: 08/30/2016

Document Type: STATEMENT OF INFORMATION
File Date: 09/19/2016
Effective Date: 09/19/2016

Document Type: AMENDMENT
File Date: 02/09/2017
Effective Date: 02/09/2017
Entity Name Changed From:
VERITAS CLAIMS SERVICES, LLC

*** ***** End of list ***** ***

State of California
Secretary of State

Page 2 of 2

Re: 201226210150

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of May 9, 2017.

ALEX PADILLA
Secretary of State

Go to www.sos.ca.gov/business/be for information about ordering
a copy of a filed document. MKK