

M15000 009 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

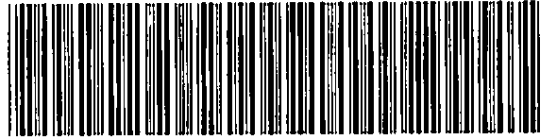
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KFSA Insurance, 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:

S. Eric Steinle

Name of Person

Martindell Swearer Shaffer Ridenour LLP

Firm/Company

20 Compound Drive

Address

Hutchinson, KS 67502

City/State and Zip Code

eric.steinle@martindell.com

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

For further information concerning this matter, please call:

S. Eric Steinle

Name of Person

at (620) 662-3331

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: KFSA Insurance, 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: M15000009732

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 12/04/2015

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

5. New name of the limited liability company: ProValue Insurance, 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.

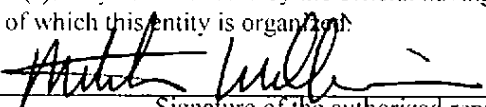
If Changing Registered Agent, Signature of New Registered Agent

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)(c), 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
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_____	_____	_____	<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

Mitch Williams, Manager

Typed or printed name of signee

Please
do not
detach

BEA

KANSAS SECRETARY OF STATE
**Business Entity Certificate
of Amendment**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
ksscs@sos.ks.gov
<https://sos.kansas.gov>

2434 01
053 015
\$35.00

FILED BY KS SOS
09-23-2019
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FILE#: 6564678



05497235

**1. Business entity ID/file
number:**

Not Federal Employer ID
Number (FEIN).

6564678

**2. Name of business
entity:**

Must match name on record
with Secretary of State.

KFSA Insurance, LLC

3a. Indicate the type of document to be amended:

- | | |
|--|--|
| <input type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35) | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35) |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20) | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input checked="" type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit) |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35) | |

3b. The document indicated above is amended as follows:
(If additional space is needed please provide an attachment.)

the name of the Limited Liability Company shall be changed to:

ProValue Insurance, LLC

4. For general partnerships only – Identify the statement to be amended and indicate the amendment to be made:

5. Effective date:

☒ Upon filing with the
Kansas Secretary
of State

☐ Future effective date:
(Cannot be later than 90 days after
the date this certificate is filed.)

Month

Day

Year

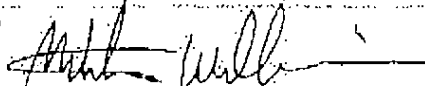
6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature



Name of Signer (Printed or Typed)

Mitch Williams, CEO of ProValue Cooperative, Inc., sole member

*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:

(See below for required signature(s).)**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

**Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.



I hereby certify this to be a true and
correct copy of the original on file.

Certified on this date: 8-23-2019

SCOTT SCHWAB

Secretary of State 