

M16000000661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

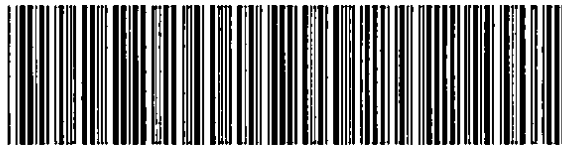
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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JAN 15 PM 4:50  
CLERK OF COURT

FILED

K. SALY

JAN - 2 2021



300 E. Main Street #360  
Lexington, KY 40507

T 859.261.0077  
F (61) 859.957.1629  
MERLEGAL.COM

October 23, 2019

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Client Colonial Claims LLC

To whom it may concern:

We are counsel Colonial Claims LLC, a Delaware, LLC which is qualified to transact business in Florida. Enclosed, please find an APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA, along with this firm's check for the filing fee.

Please return the Certificate of Status to me at the address shown above. Should you have any questions regarding this matter, please do not hesitate to contact me.

Thank you for your attention to this matter.

Kind regards,

A handwritten signature in black ink, appearing to be 'D. Cohen', with a long horizontal stroke extending to the right.

David A. Cohen  
Miller Edwards Rambicure PLLC

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

MILLER EDWARDS RAMBICURE, PLLC  
DAVID A COHEN  
300 EAST MAIN ST, STE. 360  
LEXINGTON, KY 40507

SUBJECT: COLONIAL CLAIMS LLC  
Ref. Number: M16000000661

We have received your document for COLONIAL CLAIMS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 919A00022971

**RECEIVED**

DEC 16 2019



300 E. Main Street #360  
Lexington, KY 40507

T 859 261 0077  
F (1) 859 957 1889  
MERLEGAL.COM

December 13, 2019

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Colonial Claims LLC Additional Documentation  
*Ref. Number M16000000661*

To whom it may concern:

This letter is in response to letter number 919A00022971. On November 6, 2019, Counsel for Colonial Claims LLC received a notice stating that the AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA, that Counsel attempted to file on October 23, 2019, did not contain all of the necessary documentation. Responding to the aforementioned notice, please find enclosed the requested documentation, which includes a certified Name Change Certificate from Delaware's Secretary of State. Per your request, the Name Change Certificate includes language of good standing.

Please return the Certificate of Status to me at the address shown above. Should you have any questions regarding this matter, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

Bradley H. Strait  
Miller Edwards Rambicure PLLC

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Colonial Claims 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:

David A. Cohen

Name of Person

Miller Edwards Rambicure, PLLC

Firm/Company

300 East Main Street, Suite 360

Address

Lexington, Kentucky 40507

City/State and Zip Code

dcohen@merlegal.com

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

For further information concerning this matter, please call:

David A. Cohen at ( 859 ) 281-0077  
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: Colonial Claims 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: M16000000661

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/21/2015

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

5. New name of the limited liability company: Confederation Claims I, 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: n/a

New Registered Office Address: n/a

*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:

n/a

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: 5

n/a

Title/ Capacity

Name

Address

Type of Action

☐ Add

Remove

☐ Add

☐ Remove

☐ Add☐ Remove☐ Add

☐ Remove

☐ Add☐ 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.

of which this entity is organized.

James Douglas Baker  
Signature of the authorized representative

Signature of the authorized representative

James Douglas Branham

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COLONIAL CLAIMS LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CONFEDERATION CLAIMS I, LLC", ON THE TWENTIETH DAY OF AUGUST, A.D. 2019, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "COLONIAL CLAIMS LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CONFEDERATION CLAIMS I, LLC", ON THE TWENTIETH DAY OF AUGUST, A.D. 2019, AT 10 O'CLOCK A.M.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONFEDERATION CLAIMS I, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

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.



5880472 8321  
SR# 20198080310

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204009409  
Date: 11-14-19

FILED  
2019 DEC 16 PM 1:58  
SECRETARY OF STATE  
DELAWARE



# Delaware

The First State

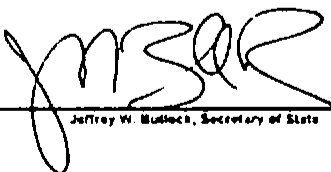
Page 2

FILED  
2019 DEC 16 PM 4:58  
JACOB W. MULLOCK  
TALLAHASSEE, FLORIDA



5880472 8321  
SR# 20198080310

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Mullock, Secretary of State

Authentication: 204009409  
Date: 11-14-19