# M14000002477

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	·
	114

Office Use Only



200357071302

01/05/21--01002--021 \*\*25.00



JAN 1 3 2021 D CONNELL





### **CORPORATE**

When you need ACCESS to the world

ACCESS,	3
INC.	

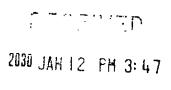
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WATE IN

			WALKIN	•		
		PICK	P: <u>1/4/21 G</u>	linda		
	xx	CERTIFIED COPY PHOTOCOPY CUS				
	хх	FILING	LLC AMEND		<del></del>	
1.		YOUSURANCE GENERAL (CORPORATE NAME AND DOCUME				
2.		(CORPORATE NAME AND DOCUME	#)	<del></del>	- 11_	
3.	•	(CORPORATE NAME AND DOCUME	#)			
4.	-	(CORPORATE NAME AND DOCUME	#)			
5.	-	(CORPORATE NAME AND DOCUME	#)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6.	-	(CORPORATE NAME AND DOCUME	#)			<u>-</u>
	ECIAI TRU(	L CTIONS:				





Ch TALL . LORIDA

January 5, 2021

CORPORATE ACCESS

SUBJECT: YOUSURANCE GENERAL AGENCY, LLC

Ref. Number: M16000002477

We have received your document for YOUSURANCE GENERAL AGENCY, LLC and your check(s) totaling \$25.00. 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) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 421A00000083

www.sunbiz.org

### 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)

State: YOUSURANCE GENERAL AGENCY,	rrc
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	- · · <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	bility company is: M16000002477
3. Jurisdiction of its organization: DE	59 200 200 200 200 200 200 200 200 200 20
4. Date authorized to do business in Florida: 3/2	
SECTION II (5-9 complete only the applicable of	changes)
5. New name of the limited liability company: FC (must	OXO LIFE, LLC contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a laging members adopting the alternate name. The alternate name of "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper c and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this n the registered office address, I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
Fitle/ Capacity	<u>Name</u>	·-·-	Address	Type of Action		
			·	\ \Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{		
				Remov		
· <del></del>	, <del>sid</del>					
				ЦRemov		
	· <del></del>					
				⊆Remov		
			<u> </u>	Add		
				□Remov		
				□Add		
aforementioned am		henticated by entity is orga	days old, evidencing the yathe official having custody of records in the inized.  the authorized representative	HRemov		

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "YOUSURANCE GENERAL

AGENCY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "FOXO LIFE, LLC" ON THE EIGHTEENTH DAY OF MAY, A.D.

2020, AT 10:19 O'CLOCK A.M.



Authentication: 204451861

Date: 12-30-20