

**M1600000 4293**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

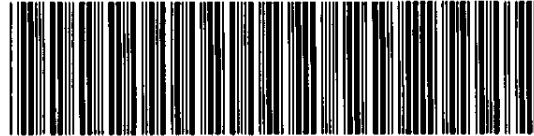
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/23/16--01021--001 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 29 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AEG Insurance Agency 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:

Ram Patel

Name of Person

American Employer Group

Firm/Company

439 S Charles G. Seivers Blvd

Address

Clinton, TN 37716

City/State and Zip Code

licensing@appund.com

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

For further information concerning this matter, please call:

Ram Patel

Name of Person

at ( 865 ) 482-8141

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: AEG Insurance Agency 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)

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M16000004293

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 5/26/2016

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

5. New name of the limited liability company: MPFL Insurance Agency 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

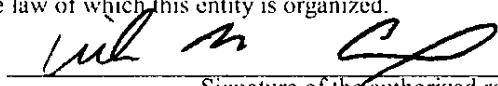
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<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

**William Arowood**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA



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TALLAHASSEE, FLORIDA

STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

TONYA VAUGHN  
439 S. CHARLES G SEIVERS BLVD  
CLINTON, TN 37716

November 14, 2016

Request Type: Certificate of Existence/Authorization  
Request #: 0220218

Issuance Date: 11/14/2016  
Copies Requested: 1

Document Receipt

Receipt #: 002966652 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3688631385 \$20.00

Regarding: MPFL Insurance Agency LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 02/16/2016

Status: Active

Duration Term: Perpetual

Business County: ANDERSON COUNTY

Control #: 834593

Date Formed: 02/16/2016

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MPFL Insurance Agency LLC

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;


\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 019914938

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>State of Tennessee</b> Department of State Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p><b>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</b></p> </div> </div>	<p style="text-align: center; font-size: small;">For Office Use Only</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 20px;">FILED</div>
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000834593</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____ (DATE) _____ (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>AEG Insurance Agency LLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:</p> <p style="margin-left: 40px;"><u>MPFL Insurance Agency LLC</u></p>	
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____ STREET ADDRESS _____</p> <p style="margin-left: 40px;">CITY _____ STATE/COUNTY _____ ZIP CODE _____</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____ STREET _____</p> <p style="margin-left: 40px;">CITY _____ STATE _____ ZIP CODE _____ COUNTY _____</p> <p>D. OTHER CHANGES: _____</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON _____ MONTH _____ DAY _____ YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<p><u>Registered Agent</u></p> <p style="text-align: center; font-size: small;">SIGNER'S CAPACITY</p>	<p style="text-align: center;"><u>Michael Kelley</u></p> <p style="text-align: center; font-size: small;">SIGNATURE</p> <p style="text-align: center;"><u>MICHAEL KELLEY</u></p> <p style="text-align: center; font-size: small;">NAME OF SIGNER (TYPED OR PRINTED)</p>
<div style="display: flex; justify-content: space-between;"> <span>SS-4247 (REV. 01/06)</span> <span>Filing Fee: \$20.00</span> <span>RDA 2458</span> </div>	

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