

M16 00000 6825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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

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Only S.C.  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Auto Protection Services L.L.C.  
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:

Sandra Maeder  
Name of Person

Year to Year Consulting L.L.C.  
Firm/Company

1580 N Point Prairie Rd  
Address

Wentzville, MO 63385  
City/State and Zip Code

sandra.maeder@y2yc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Maeder at ( 636 ) 639-1880  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Capital Auto Protection Services L.L.C.

Enter new principal office address, if applicable: 812 Norwood Street

(Principal office address  
MUST BE A STREET ADDRESS) Fort Worth, TX 76107

Enter new mailing address, if applicable: 812 Norwood Street

(Mailing address  
MAY BE A POST OFFICE BOX) Fort Worth, TX 76107

2. The Florida document number of this limited liability company is: M16000006825

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 8/22/2016

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

5. New name of the limited liability company: \_\_\_\_\_  
(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:

*Thereby 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:

\_\_\_\_\_

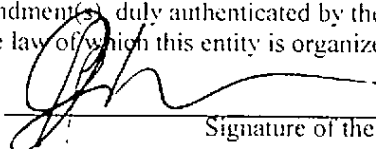
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<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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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

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

**Filing Fee: \$25.00**

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

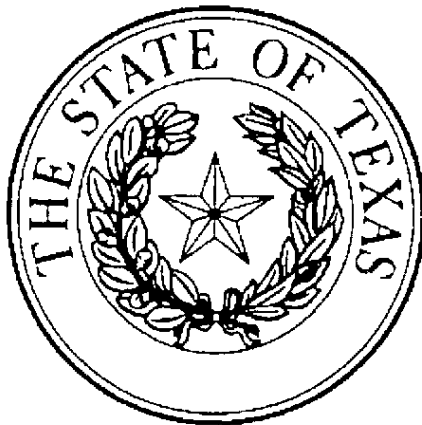
### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Capital Auto Protection Services L.L.C. (file number 801782818), a Domestic Limited Liability Company (LLC), was filed in this office on May 10, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 04, 2021.

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A handwritten signature in black ink, consisting of the initials "JE" followed by a long horizontal stroke.

Jose A. Esparza  
Deputy Secretary of State

**YEAR 2 YEAR**  
*Consulting LLC*  
1580 N. Point Prairie Road  
Wentzville, MO 63385

**"Your Compliance Solution"**

Phone: (636) 639-1880  
Fax: (636) 639-1233  
[www.y2yc.com](http://www.y2yc.com)

June 25, 2021

via U.S. Priority Mail

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Capital Auto Protection Services L.L.C.

The following documents make up the application packet

- this cover letter;
- Cover Sheet
- Check #7944 for \$25.00
- Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida
- Certificate of Good Standing

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Sandra Maeder.

**Please send approval or other documents to:**

Sandra Maeder  
Year to Year Consulting, LLC  
1580 N. Point Prairie Rd.  
Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,



**Sandra Maeder**  
Analyst/Product Compliance  
Year to Year Consulting, L.L.C.  
[sandra.maeder@y2yc.com](mailto:sandra.maeder@y2yc.com)  
Phone: (636) 639-1880  
Fax: (636) 639-1233

Enclosures