

M16000007824

(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



600292316896

600292316896
11/29/16--01018--003 **25.00

FILED
16 NOV 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2016

Y SULKER

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.
ATTORNEYS AT LAW

November 28, 2016

VIA FEDEX

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

Ladies and Gentlemen:

Enclosed is an Application by a Foreign LLC to File Amendment to Certificate of Authority to Transact Business in Florida for Surequote Benefit Services LLC together with a check in the amount of \$25.00 to cover the filing fee.

Please return the acknowledgment letter using the enclosed FedEx. Should you have any questions regarding this Application, do not hesitate to contact me at rocchionero@pbylaw.com or by phone at (954) 566-7117. Thank you.

Very truly yours,



Rita Occhionero
Corporate Paralegal

Enclosures

**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: SUREQUOTE BENEFITS SERVICES LLC

Enter new principal office address, if applicable: 1035 State Road 7, Suite 215

(Principal office address

MUST BE A STREET ADDRESS)

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1035 State Road 7, Suite 215

Wellington, FL 33414

2. The Florida document number of this limited liability company is: M16000007824

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/30/2016

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

5. New name of the limited liability company: SUREQUOTE BENEFIT SERVICES 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

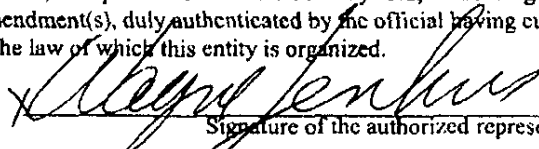
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
16 NOV 29 PM 4:08
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

Wayne Jenkins

Typed or printed name of signer

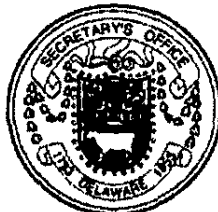
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SUREQUOTE BENEFITS SERVICES LLC", CHANGING ITS NAME FROM "SUREQUOTE BENEFITS SERVICES LLC" TO "SUREQUOTE BENEFIT SERVICES LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF NOVEMBER, A.D. 2016, AT 10 O'CLOCK A.M.



5266009 8100
SR# 20166584477

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203362738
Date: 11-18-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:00 AM 11/10/2016
FILED 10:00 AM 11/10/2016
SR 20166584477 - File Number 5266009

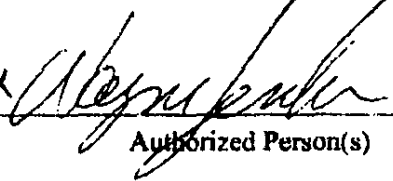
**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: SUREQUOTE BENEFITS SERVICES LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The new name is:

SUREQUOTE BENEFIT SERVICES LLC

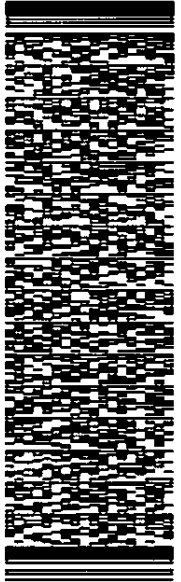

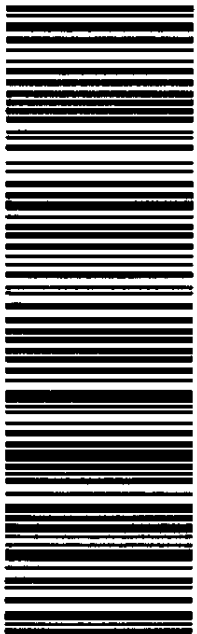
IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 7th day of November, A.D. 2016.

By: 
Authorized Person(s)

Name: Wayne Jenkins
Print or Type

11/28/2016

FedEx Ship Manager - Print our Label(s)

ORIGIN ID: TLHA (850) 245-8051 REGISTRATION SECTION FLORIDA DIVISION OF CORPORATIONS 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL 32301 UNITED STATES US		SHIP DATE: 28NOV16 ACTWGT: 0.50 LB CAD: 104537573MNE13190
TO RITA OCCHIONERO		
PBYA		
200 S. ANDREWS AVENUE		
SUITE 600		
FORT LAUDERDALE FL 33301		
(854) 566-7117 NV REF: F-2705-002 DEPT		
RMA:		
		
		
544J1D42F114E8		
TRK# 0221	7905 9036 2381	RETURNS MON-FRI
		STANDARD OVERNIGHT
		FL-US
		33301
		

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.