

MI6000008053

(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



400340991564

2020 FEB 21 11:20 AM

RECEIVED

2020 FEB 21 AM 11:20

V. SULKER
FEB 24 2020

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 179864 7393609

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : February 13, 2020

ORDER TIME : 10:15 AM

ORDER NO. : 179864-300

CUSTOMER NO: 7393609

FOREIGN FILINGS

NAME: ASTRUS INSURANCE SOLUTIONS,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

**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: ASTRUS INSURANCE SOLUTIONS, LLC

Enter new principal office address, if applicable: 1301 Dove Street, Suite 200
Newport Beach, CA 92660
*(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: M16000008053

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 10/07/2016

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:

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

FILED
2016 FEB 21 AM 11:00
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

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

California

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>
Authorized Representative	<u>Zak, Kenneth A.</u>	_____	<input type="checkbox"/> Add
		<u>1301 Dove Street, Suite 200 Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Remove
Manager, Member	<u>Alliant Specialty Insurance Services, Inc.</u>	_____	<input type="checkbox"/> Add
		<u>701 B Street, 6th Floor San Diego, CA 92101</u>	<input checked="" type="checkbox"/> Remove
Managing Member	<u>Alliant Insurance Services, Inc.</u>	<u>1301 Dove Street, Suite 200 Newport Beach, CA 92660</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<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.

Jennifer E. Baumann
Signature of the authorized representative

Jennifer E. Baumann

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF "ASTRUS INSURANCE SOLUTIONS, LLC", A DELAWARE LIMITED LIABILITY COMPANY CONVERTING ITS RESIDENCY TO CALIFORNIA, WAS FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2020, AT 7:56 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY CEASED TO EXIST AS A LIMITED LIABILITY COMPANY OF THIS STATE AT THE EFFECTIVE DATE AND TIME OF THE FILING OF THE CERTIFICATE OF CONVERSION.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF JANUARY, A.D. 2020 AT 8 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

5823756 8317T
SR# 20201336238

Authentication: 202430653
Date: 02-20-20

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