

M170000003033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

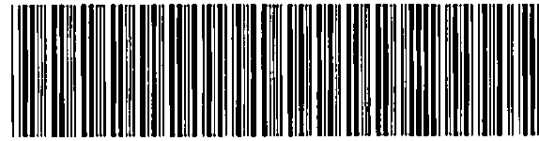
(Document Number)

Certified Copies _____

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2023 JUN 19 AM 9:37

2023 JUN 19 AM 10:24

JUN 19 2023

K. Brumley

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

ACCOUNT NO. : I20000000195
REFERENCE : 812118 7393609
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2023
ORDER TIME : 10:45 AM
ORDER NO. : 812118-190
CUSTOMER NO: 7393609

FOREIGN FILINGS

NAME: TRIVEDI-CAPACITY ASSOCIATES,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

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: TRIVEDI-CAPACITY ASSOCIATES, LLC

Enter new principal office address, if applicable: c/o Trivedi-Capacity Associates, LLC

(Principal office address

MUST BE A STREET ADDRESS)

18100 Von Karman Ave., 10th Floor

Irvine, CA 92612

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

Attn: Legal Department

701 B Street, 6th Floor

San Diego, CA 92101

2. The Florida document number of this limited liability company is: M17000003033

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/07/17

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

City

Florida

32301

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.

Eylina Bahar
Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

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>
Pres/Mgr	Trivedi, Tushar	4010 S. Ocean Drive, Unit 4201	<input type="checkbox"/> Add
		Hollywood, FL 33019	<input checked="" type="checkbox"/> Remove
CEO/Mgr	Jennings, John	1350 Broadway, Suite 602	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
CEO/Mgr	Nielsen, David	1350 Broadway, Suite 602	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
EVP	Ross, Les	425 California Street, Suite 2400	<input type="checkbox"/> Add
		San Francisco, CA 94104	<input checked="" type="checkbox"/> Remove
Secretary	Walsh, Denise	1350 Broadway, Suite 602	<input type="checkbox"/> Add
Member - Alliant Insurance Services, Inc.	<input checked="" type="checkbox"/> Add		
18100 Von Karman Ave., 10th Floor		New York, NY 10018	<input checked="" type="checkbox"/> Remove
Irvine, CA 92612			

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

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF 'TRIVEDI-CAPACITY ASSOCIATES, LLC', A DELAWARE LIMITED LIABILITY COMPANY CONVERTING ITS RESIDENCY TO CALIFORNIA, WAS FILED IN THIS OFFICE ON THE NINTH DAY OF NOVEMBER, A.D. 2022, AT 3:29 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.



5976235 8317T
SR# 20232752138

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203544342

Date: 06-13-23