

MI7000003475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

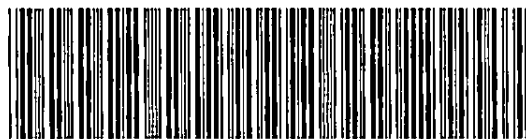
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000304128370

10/09/17--01009--021 **25.00

17 OCT 13 AM 4:49
000304128370

OCT 2 2017

YES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2017

MARGARET C SNEAD
1210 EAST CARY STREET, SUITE 300
RICHMOND, VA 23219

SUBJECT: LUXON INSURANCE SERVICES LLC
Ref. Number: M17000003475

2017 OCT 18 PM 1:09
MAIL ROOM

We have received your document for LUXON INSURANCE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 017A00020407

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxon Insurance Services 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:

Margaret Snead
Name of Person

Luxon Financial LLC
Firm/Company

1210 E. Cary St, Ste 300
Address

Richmond, VA 23219
City/State and Zip Code

msnead@carystreetpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Snead at (804) 228-4696
Name of Person 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: Luxon Insurance Services 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)

2. The Florida document number of this limited liability company is: M17000003475

3. Jurisdiction of its organization: State of VA

4. Date authorized to do business in Florida: 4/24/2017

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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," "LLC," or "L.L.C.")

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.

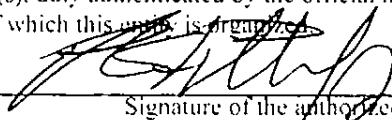
If Changing Registered Agent, Signature of New Registered Agent

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:

Title/ Capacity	Name	Address	Type of Action
Member	Luxon Financial, LLC	1210 E. Cary Street	<input checked="" type="checkbox"/> Add
		Richmond, VA 23219	<input type="checkbox"/> Remove
Mgr	Anson H. Beard	1210 E. Cary Street	<input checked="" type="checkbox"/> Add
		Richmond, VA 23219	<input type="checkbox"/> Remove
Mgr	Hsueh-liang Chen	1210 E. Cary Street	<input checked="" type="checkbox"/> Add
		Richmond, VA 23219	<input type="checkbox"/> Remove
Mgr	Thomas O Herrick	1210 E. Cary Street	<input checked="" type="checkbox"/> Add
		Richmond, VA 23219	<input type="checkbox"/> Remove
	See attached addendum		<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

Thomas H. Tullidge, Jr.
Typed or printed name of signee

Filing Fee: \$25.00

Luxon Insurance Services LLC

Addendum to 8 – If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

OFF	Sean P Crawford	60 Morris Turnpike, 2 nd Floor Summit, NJ 07901	Remove
OFF	Michael J Doyle	60 Morris Turnpike, 2 nd Floor Summit, NJ 07901	Remove

17 OCT 15 PM 4:49