

M17000008385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

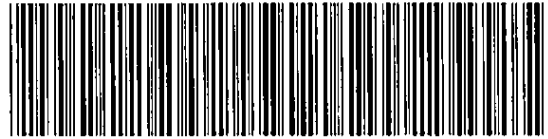
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2019 JUL -9 AM 11:05

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19 JUL -9 PM 1:51

T GLASS

JUL 10 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 832046 7637107

AUTHORIZATION :

*Lydia Cohen*

COST LIMIT : \$ 25.00

ORDER DATE : July 3, 2019

ORDER TIME : 12:41 PM

ORDER NO. : 832046-085

CUSTOMER NO: 7637107

FOREIGN FILINGS

NAME: CSRS INSURANCE SERVICES, 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: Lydia Cohen -- EXT#

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CSRS 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Davis at ( 714 ) 252-2500  
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

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**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: CSRS 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: \_\_\_\_\_

3. Jurisdiction of its organization: ILLINOIS

4. Date authorized to do business in Florida: 10/2/2017

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

5. New name of the limited liability company: InsureOne Insurance Services America, 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

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

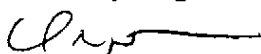
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	See attached		<input checked="" 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

Carol R. Newman, EVP/GC/ Corporate Secretary

Typed or printed name of signer

Filing Fee: \$25.00

**Exhibit A**

**InsureOne Insurance Services, LLC**

**Directors**

Cesar Soriano	7711 Center Ave, Ste 200, Huntington Beach, CA 92647
Michael Kaplan	7711 Center Ave, Ste 200, Huntington Beach, CA 92647

**Officers**

Cesar Soriano	Chairman and Chief Executive Officer
Darrin Silveria	EVP, Chief Sales Officer
Jeff Wingate	President, Standard Personal and Commercial
Bob Meagher	Vice President, Standard Personal and Commercial
Randy Parker	Vice President
Michael Kaplan	EVP, Chief Financial Officer
Carol R. Newman	EVP, General Counsel and Corporate Secretary

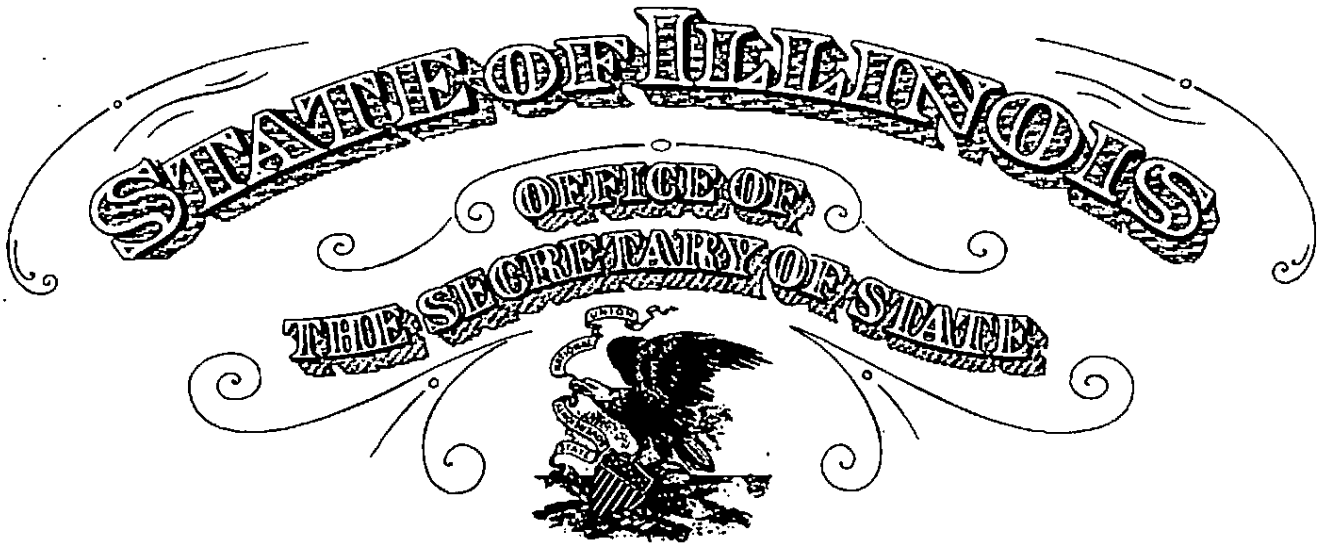
***Address for all:***

7711 Center Ave, Ste 200, Huntington Beach, CA 92647

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2019 JUL -9 AM 11:05  
CLERK OF COURT

File Number

0637197-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CSRS INSURANCE SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 25, 2018. THE LIMITED LIABILITY COMPANY CHANGED THEIR NAME TO INSUREONE INSURANCE SERVICES AMERICA, LLC, ON JUNE 27, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES, PAYMENT AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

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AND  
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JUN 19 2019  
AM 11:05



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 8TH*  
*day of JULY A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE