M17000010378

(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

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18 FEB -5 AM 9:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. LEGGETT
FEB 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silk 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:

Ronald G. Wilk
Name of Person

ClientFirst Insurance LLC
Firm/Company

1000 Germantown Pike, Suite J-1
Address

Plymouth Meeting, PA 19462
City/State and Zip Code

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

For further information concerning this matter, please call:

Ronald G. Wilk at (215) 669-1331
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

CR2E055 (9/15)

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: Silk Insurance Services LLC

Enter new principal office address, if applicable: 1000 Germantown Pike, Suite J-1
Plymouth Meeting, PA 19462

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1000 Germantown Pike, Suite J-1
Plymouth Meeting, PA 19462

(Mailing address MAY BE A POST OFFICE BOX)

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2. The Florida document number of this limited liability company is: M17000010378

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 12/07/2017

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

5. New name of the limited liability company: ClientFirst Insurance 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)(c), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

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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

Ronald G. Wilk
_____
Typed or printed name of signee

Filing Fee: $25.00

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZAT

Entity# : 3738363
Date Filed : 12/22/2017
Robert Torres
Acting Secretary of the Commonwealth

☐ Return document by mail to:

Ronald Wilk

Name

1000 Germantown Pike, Suite J-1,

Address

Plymouth Meeting PA 19462

City State Zip Code

☐ Return document by email to: _____

Change
DSCB: 15-1507/5507/8625/8825

(rev. 2/2017)

15076

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $5.00

The type of domestic association (check only one):

☐ Business Corporation ☒ Limited Liability Company ☐ Limited Liability Limited Partnership
☐ Nonprofit Corporation ☐ Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8625/8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: **Silk Insurance Services LLC**

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 1000 Germantown Pike, J-4, Plymouth Meeting PA 19462 Montgomery
Number and Street City State Zip County

(b) **c/o:** _____
Name of Commercial Registered Office Provider County

3. New address. Complete part (a) or (b) – not both:

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership or limited liability company is to be changed is:
1000 Germantown Pike, Suite J-1 Plymouth Meeting PA 19462 Montgomery
Number and Street City State Zip County

(b) The registered office of the corporation, limited partnership or limited liability company shall be provided by:

c/o: _____
Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this

22 day of December , 2017 .

Silk Insurance Services LLC
Name of Corporation/Limited Partnership/
Limited Liability Limited Partnership/Limited Liability Company

Ronald G. Wilk
Signature

President
Title

Entity# : 3738363
Date Filed : 12/22/2017
Effective Date : 01/01/2018
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZAT

☐ **Return document by mail to:**

Ronald Wilk
Name
1000 Germantown Pike, Suite J-1
Address
Plymouth Meeting | PA | 19462
City | State | Zip Code

☐ **Return document by email to:** _____

Certificate of Amendment-Domestic
Limited Partnership/Limited Liability Company
DSCB:15-8622/8822(rev. 2/2017)

8622

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70.00

Check one: ☐ **Limited Partnership (§ 8622)** ☒ **Limited Liability Company (§ 8822)**

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. **The name of the limited partnership/limited liability company is:**

   Silk Insurance Services LLC

2. **The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:**

   6/11/2007
   Date(MM/DD/YYYY)

3. **The current registered office address on file with the Department of State:** ***Complete part (a) OR (b) – not both:***

   (a) 1000 Germantown Pike, J-4, Plymouth Meeting, PA, 19462, Montgomery, United States
   Number and Street | City | State | Zip | County

   (b) c/o: _____
   Name of Commercial Registered Office Provider | County

4. ***Check, and if appropriate complete, one of the following:***

   ☒ **The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:**

   The name of the entity shall be changed to ClientFirst Insurance LLC

   ☐ **The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.**

5. ***Check, and if appropriate complete, one of the following:***

   ☐ **The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.**

   ☒ **The amendment shall be effective on:** **1/1/2018** **Date(MM/DD/YYYY)** **at** **12:00 AM** **Hour (if any)**

DSCB: 15-8622/8822-2

6. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*

☐ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 22nd day of December, 2017.

Silk Insurance Services LLC

Name of Limited Partnership/Limited Liability Company

Ronald G. Wilk

Signature

President

Title