

4/9/24, 5:52 PM

Division of Corporations

M 19000001414

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2024 APR 10 PM 12:59

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NO FAULT LLC

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 11 2024

# 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: No Fault LLC

Enter new principal office address, if applicable: 6750 Exchequer Drive

(Principal office address  
MUST BE A STREET ADDRESS) Baton Rouge LA 70809

Enter new mailing address, if applicable: 6750 Exchequer Drive

(Mailing address  
MAY BE A POST OFFICE BOX) Baton Rouge LA 70809

2. The Florida document number of this limited liability company is: M19000001414

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/08/2019

## 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 "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

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

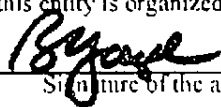
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	William McDavid	6750 Exchequer Drive	<input checked="" type="checkbox"/> Add
		Baton Rouge LA 70809	<input type="checkbox"/> Remove
Manager	Brian Ramsay	6750 Exchequer Drive	<input checked="" type="checkbox"/> Add
		Baton Rouge LA 70809	<input type="checkbox"/> Remove
Manager	Bryan Yeazel	6750 Exchequer Drive	<input checked="" type="checkbox"/> Add
		Baton Rouge LA 70809	<input type="checkbox"/> Remove
Manager	William McDavid	11515 Vanstory Dr Ste 100	<input type="checkbox"/> Add
		Huntersville, NC 28078	<input checked="" type="checkbox"/> Remove
Manager	Brian Ramsay	11515 Vanstory Dr Ste 100	<input type="checkbox"/> Add
		Huntersville, NC 28078	<input checked="" 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

Bryan Yeazel

Typed or printed name of signee

Filing Fee: \$25.00