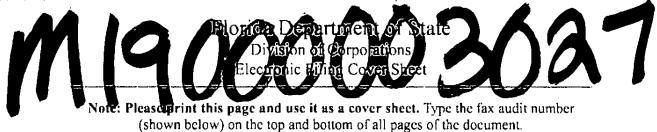
5/3/23, 11:36 AM

Division of Corporations



(((H23000165854 3)))



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To:

Division of Corporations

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From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address: accounting@medicarecomparcusa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICARECOMPAREUSA AN INSURANCE AGENCY LLC

Certificate of Status	0
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3

Fax Audit # 1123000165854 3

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 appear	its on the records of the Florida D	epartment of	
State: MEDICARECOMPAREUSA AN IN	SURANCE AGENCY LLC		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		<u>. </u>	
2. The Florida document number of this limited l	iability company is: M19000003	027	
3. Junsdiction of its organization:Washingto	ווי		
4. Date authorized to do business in Florida:	27/2019		
SECTION II (5-9 complete only the applicable			
5. New name of the limited hability company: (mt	ist contain "Limited Liability Con	pany, " "L.L.C.," or "LLC,")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or moust contain "Limited Liability Company," "L.I	anaging members adopting the alt	usiness in Florida and attach a ernate name. The alternate name.	
6. If amending the registered agent and/or registe registered agent and/or the new registered office	red officer address on our records address here:	enter the name of the new	
Name of New Registered Agent;			
New Registered Office Address:	r . rl . r		
	Enter Florida Street Address		
	Chy	Florida Zip Code	
New Registered Agent's Signature, it changing I Theraby accept the appointment as registered ag the pravisions of all statutes relative to the prope and accept the obligations of my position as vegi document is being filed to merely reflect a chang liability company has been notified in writing of	legistered Agent: out and agree to act in this capaci r and complete performance of in stered agent as provided for in Cla e in the registered office address.	tv. I further agree to comply with c duties, and I am familian with apter 605, F.S. Or. if this	

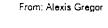
If Changing Registered Agent, Signature of New Registered Agent

Fax Audit # H23000165854.3

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
lirle Capacity	<u>Nauk</u> ;	<u>Address</u>	Type of Action	
Activides &			U.vdd	
			CRemo	
			LLAdd	
			DRemov	
			ZAdd	
			Likenov	
			LlAdd	
-aforementioned an	he law of which this entity is orga-	the official having custody of records in the nized.	DReniov	
	Signature of Gerald Reilly, CFO & VP of MCUSA Consulting, LLC, N	The authorized representative MCUSA Holding Company, Member of lember		

Filing Fee: \$25.00

ECCEPT.



- 23223



Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on file in this office.

Amended certificate of formation for

MEDICARECOMPAREUSA AN INSURANCE AGENCY LLC.

a Washington limited liability company, whereby the entity name is changed

ιō

MCUSA INSURANCE CENTER LLC,

were received and filed by this office on April 03, 2023

Date Issued: May 01.2023

UBI: 604 408 112



SERVICE .

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State