

M1900000 5992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

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19 AUG 30 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 12 2019  
T. SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Graph Insurance Group, A Risk Retention Group, 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:

Jennifer Hawkins

Name of Person

Quest Captive Management LLC

Firm/Company

135 Allen Brook Lane, Suite 101

Address

Williston, VT 05495

City/State and Zip Code

jennifer.hawkins@davies-group.com

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

For further information concerning this matter, please call:

Jennifer Hawkins

Name of Person

at ( 802 ) 371-2210

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: Graph Insurance Company, A Risk Retention Group, 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: M19000005992

3. Jurisdiction of its organization: Vermont

4. Date authorized to do business in Florida: June 19, 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.")

Graph Insurance Group, A Risk Retention Group, 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

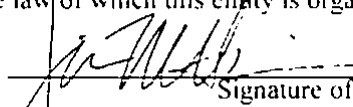
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

**Jennifer Hawkins**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

**Certificate of Amendment**

I, James C. Condos, Vermont Secretary of State, do hereby certify that  
  
attached is a true copy of the  
  
ARTICLES OF AMENDMENT

For

**GRAPH INSURANCE GROUP, A RISK  
RETENTION GROUP, LLC**

Formerly Known as

**GRAPH INSURANCE COMPANY, A RISK  
RETENTION GROUP, LLC**

As filed in this department effective July 29, 2019



July 30, 2019

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos  
Secretary of State

Business ID: 0345934  
Filing Number: 0002571470

**VERMONT SECRETARY OF STATE****Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104

PHONE: 802-828-2386

WEBSITE: www.sec.state.vt.us

**BUSINESS AMENDMENT****\*\*ELECTRONICALLY FILED\*\***

FILING NUMBER: 0002571470

FILING DATE/TIME: 7/29/2019 8:05:00 AM

<b>BUSINESS INFORMATION</b>	
BUSINESS ID	0345934
BUSINESS TYPE	Domestic Restricted Limited Liability Company
BUSINESS DESCRIPTION	Any Legal Purpose
BUSINESS EMAIL	jeff.kenneson@questgroup.bm
ORIGIN DATE	7/24/2018

The following Items were amended :

<b>BUSINESS INFORMATION</b>	
BUSINESS NAME	GRAPH INSURANCE GROUP, A RISK RETENTION GROUP, LLC

<b>AUTHORIZER INFORMATION</b>	
AUTHORIZER SIGNATURE	VALERIE BANAS
AUTHORIZER TITLE	AUTHORIZED PERSON