MIGCOOCTCCF

| (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: |
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Office Use Only

A. RIVERS JAN 2 0 2023



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10/28/22--01018--018 **25.00

2022 OCT 28 PH 2: 52

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)

| Name of limited liability Company as it appears on the research to the second LLC. IAS Sequines Group LLC. | records of the Florida Department of | |
|---|--|----------------|
| State: IAS Services 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 con | mpany is: M19000007007 | |
| | | |
| 4. Date authorized to do business in Florida: 07/19/2019 | | |
| SECTION II (5-9 complete only the applicable changes) | | |
| 5. New name of the limited liability company; Davies Prop | perty Claims LLC | |
| (must contain | "Limited Liability Company, " "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the p copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or "LI | tembers adopting the alternate name. The alternate name LC.") | اس. سر آ |
| 6. If amending the registered agent and/or registered officer registered agent and/or the new registered office address her | re: | |
| Name of New Registered Agent: | 2: 2 | |
| New Registered Office Address: | | |
| | Enter Florida Street Adaress | |
| | , Florida City Zip Code | |
| | · | |
| New Registered Agent's Signature, if changing Registered a I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp and accept the obligations of my position as registered agen document is being filed to merely reflect a change in the reg liability company has been notified in writing of this change | ree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with at as provided for in Chapter 605, F.S. Or, if this gistered office address, I hereby confirm that the limited | |

If Changing Registered Agent, Signature of New Registered Agent

| 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: | | | | |
|---|---|------------------------------------|-------------------|--|
| itle/ Capacity | Name | Address | Type of Action | |
| | | | DAdd | |
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| aforementioned an | icate, if required: no more than 90 dendment(s), duly authenticated by the law of which this entity is organi | he official having custody of reco | □Remo | |

Filing Fee: \$25.00

. Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



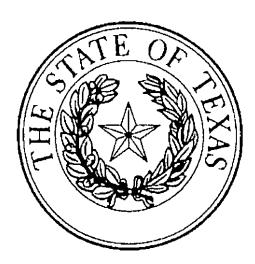
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 21, 2022, IAS Services Group, LLC, a Domestic Limited Liability Company (LLC) (file number 800720857), changed its name to Davies Property Claims LLC.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 21, 2022.



John B. Scott Secretary of State