

M19000007028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

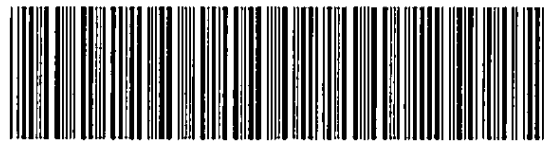
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600334632866

19 SEP 18 PM 3:20

19 SEP 18 PM 4:12

FILED

O SIMMONS

SEP 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2019

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: COLONIAL CLAIMS OPERATING CO LLC
Ref. Number: M19000007028

We have received your document for COLONIAL CLAIMS OPERATING CO LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 319A00019393

19 SEP 20 14:34

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/18/2019

Acc#I20160000072

en: c DW

Name:	COLONIAL CLAIMS OPERATING CO LLC
Document #:	
Order #:	12184350

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**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: COLONIAL CLAIMS OPERATING CO LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M19000007028

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JULY 19, 2019

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

5. New name of the limited liability company: COLONIAL CLAIMS LLC
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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: N/A

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:

N/A

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>
Authorized Person	Matthew Kunz	50 E. Washington St., Suite 400	<input type="checkbox"/> Add
		Chicago, IL 60602	<input checked="" type="checkbox"/> Remove
Authorized Person <i>CEO</i>	James Douglas Branham	50 E. Washington St., Suite 400	<input checked="" type="checkbox"/> Add
		Chicago, IL 60602	<input type="checkbox"/> Remove
Authorized Person <i>CEO</i>	Felicia A. Branham	50 E. Washington St., Suite 400	<input checked="" type="checkbox"/> Add
		Chicago, IL 60602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.

James Douglas Branham

Signature of the authorized representative

James Douglas Branham

Typed or printed name of signee

Filing Fee: \$25.00

19 SEP 18 PM 1:13
FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "COLONIAL CLAIMS
OPERATING CO LLC", CHANGING ITS NAME FROM "COLONIAL CLAIMS
OPERATING CO LLC" TO "COLONIAL CLAIMS LLC", FILED IN THIS
OFFICE ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2019, AT 5:10
O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7520349 8100
SR# 20197081338

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203616308
Date: 09-18-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:10 PM 09/17/2019
FILED 05:10 PM 09/17/2019
SR 20197081338 - File Number 7520349

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: COLONIAL CLAIMS OPERATING
CO LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

ARTICLE FIRST IS AMENDED TO READ AS:

FIRST: THE NAME OF THE LIMITED LIABILITY COMPANY IS
COLONIAL CLAIMS LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 17th day of September, A.D. 2019.

By: James Douglas Branham
Authorized Person(s)

Name: James Douglas Branham
Print or Type