

M19 000 009272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

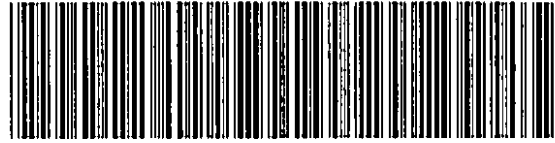
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/19/21--01009--031 **25.00

FILED
MAR 22 2021
3:59 PM
FBI - JEFFERSON

JUL 10 2021

March 15, 2021

VIA CERTIFIED MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reserve Advisors of Wisconsin LLC, Document Number: M19000009272

Dear Sir/Madam:

Enclosed, in duplicate, for filing please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Reserve Advisors of Wisconsin LLC which is being submitted in order to remove the alternate name which the entity is currently transacting business under in the state of Florida. Also enclosed is a certificate of good standing from the entity's home state of Delaware and a check in the amount of \$25.00 to cover the filing fee in this regard. Once the Amendment has been filed, please arrange to have evidence of the filing returned to me using the enclosed, self-addressed and pre-paid envelope.

Thank you for your attention to this matter. Should you require anything further, please feel free to call me at (414) 287-9430.

Very truly yours,

GODFREY & KAHN, S.C.



Hannah J. Witherell
Paralegal

Enclosure

25003521.1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reserve Advisors of Wisconsin 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:

Hannah Witherell

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

833 East Michigan Street, Suite 1800

Address

Milwaukee, WI 53202

City/State and Zip Code

hwithere@gklaw.com

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

For further information concerning this matter, please call:

Hannah Witherell at (414) 287-9430
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Reserve Advisors of Wisconsin 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: M19000009272

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/25/2019

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

5. New name of the limited liability company: Reserve Advisors LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Removing alternate name.

(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.

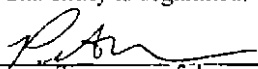
If Changing Registered Agent, Signature of New Registered Agent

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 |
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| _____ | _____ | _____ | <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.



Signature of the authorized representative

Peter Hellman, Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESERVE ADVISORS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

7594620 8300

SR# 20210879485

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

Authentication: 202710784

Date: 03-11-21