

M 190000 11855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

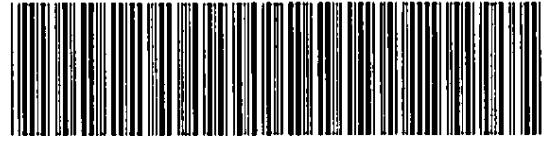
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100339890041

01/29/20--01001--019 ← 01/29

2020 JAN 29 PM 1:28

01/29

C. GOLDEN
100339

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iptiQ Insurance Agency 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:

Bethany Hill

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlon Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

benjamin_zellner@swissre.com

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

For further information concerning this matter, please call:

Bethany Hill at (856) 216-0220

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



**WESTMONT
ASSOCIATES, INC.**

January 24, 2020

via UPS Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: Application for Amended Certificate of Authority
iptiQ Insurance Agency LLC**

To Whom It May Concern:

Please consider the included Application for Amended Certificate of Authority in regard to iptiQ Insurance Agency LLC for your review and approval. On behalf of the above referenced agency, we are requesting to change the name of the entity. Please make note of the following:

Original Name: iptiQ Insurance Agency LLC

New Name: USA Family Protection Insurance Services LLC

Also enclosed are the Certificate of Amendment from the DE SOS, the state of domicile, and a check in the amount of \$25 for the filing fee.

Should you have any questions or require additional information, please contact me at (856) 216-0220, or by email at beth@westmontlaw.com.

Thank you for your assistance.

Respectfully,

Bethany Hill

110570 JAN 27, 2020 ACT WT 0.1 LBS #PK 1
SVC 2DA LTR BL WT
TRACKING# 121105700266162438 ALL CURRENCY USD
BILLING REF #: IPTIQ-EXP
REF 2:

HC 0.00	CNS 0.00	FRT: SHP
SHIPMENT NR	RATE CHARGES:	SVC 15.89 USD
EV 0.00	COD 0.00	RS 0.00
DC 0.00	DGD 0.00	
AM 0.00	PR 0.00	ROD 0.00
TOT NR CHG 15.89		NR+HC 15.89

THIS DOCUMENT IS NOT AN INVOICE.

2019 JUN 29 PM 1:28

**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: iptiQ Insurance Agency LLC

Enter new principal office address, if applicable: No change.

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: No change.

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M19000011855

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/12/2019

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

5. New name of the limited liability company: USA Family Protection Insurance Services LLC
(must contain "Limited Liability Company," "L.L.C.," 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," "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:

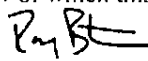
No change.

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

No 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.



Signature of the authorized representative

Ray Burton

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "IPTIQ INSURANCE AGENCY LLC", CHANGING ITS NAME FROM "IPTIQ INSURANCE AGENCY LLC" TO "USA FAMILY PROTECTION INSURANCE SERVICES LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF JANUARY, A.D. 2020, AT 5:38 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7659226 8100
SR# 20200185825

Authentication: 202167224
Date: 01-10-20

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:38 PM 01/09/2020
FILED 05:38 PM 01/09/2020
SR 20200185825 - File Number 7659226

**CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
IPTIQ INSURANCE AGENCY LLC**

January 9, 2020

Adopted in accordance with the provisions
of Section 18-202 of the
Delaware Limited Liability Company Act

This Certificate of Amendment is being executed by the undersigned for purposes of amending the Certificate of Formation of iptiQ Insurance Agency LLC (the "Company"), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act. The undersigned does hereby certify as of January 9, 2020:

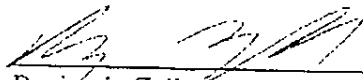
1. That the name of the Company is: iptiQ Insurance Agency LLC.
2. That the Certificate of Formation of the Company is hereby amended by changing Article First thereof so that, as amended, said Article First shall read in its entirety as follows:

"The name of the limited liability company (the "LLC") is:

USA Family Protection Insurance Services LLC"

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Amendment to be signed as of the date first written above.

IPTIQ INSURANCE AGENCY LLC


Benjamin Zellner
Authorized Person