

M20000000010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

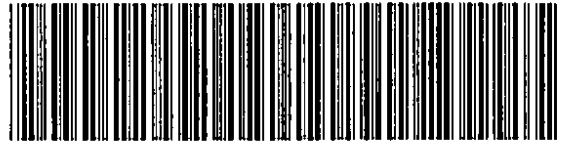
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 APR 23 PM 3:04

2022 APR -5 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

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Y. SCOTT

APR 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xchange Affinity Underwriting 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:

Darrell Belch

Name of Person

3H Corporate Services, LLC

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

sosfilings@3hcs.com

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

For further information concerning this matter, please call:

Darrell Belch

at (518)

583-0639 Ext 125

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

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**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: Xchange Affinity Underwriting Agency, 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: M20000000010

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/26/2019

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

5. New name of the limited liability company: Cirrata Partners Insurance Agency 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

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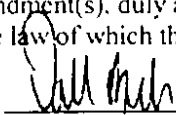
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Xchange Group LLC	200 Business Park Drive, Suite 303	<input type="checkbox"/> Add
		Armonk, NY 10504	<input checked="" type="checkbox"/> Remove
Member	Xchange Management Services LLC	200 Business Park Drive, Suite 303	<input type="checkbox"/> Add
		Armonk, NY 10504	<input checked="" type="checkbox"/> Remove
Member	Cirrata Group	One WTC, 41st Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10007	<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

Darrell Belch

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FL

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 "XCHANGE AFFINITY UNDERWRITING AGENCY, LLC", CHANGING ITS NAME FROM "XCHANGE AFFINITY UNDERWRITING AGENCY, LLC" TO "CIRRATA PARTNERS INSURANCE AGENCY LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MARCH, A.D. 2022, AT 5:21 O'CLOCK P.M.

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TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

7521106 8100
SR# 20221119023

Authentication: 202987099
Date: 03-23-22

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:21 PM 03/17/2022
FILED 05:21 PM 03/17/2022

SR 20221053571 - File Number 7521106

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Xchange Affinity Underwriting Agency, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The Name of the limited liability company is
Cirrata Partners Insurance Agency LLC

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IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 17th day of March, A.D. 2022.

By: \s\ Stephen M. Ksenak

Authorized Person(s)

Name: Stephen M. Ksenak

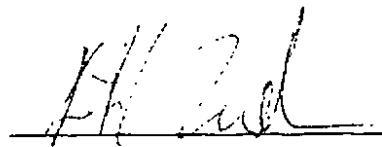
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REVOCABLE POWER OF ATTORNEY

RESOLVED, that Xchange Affinity Underwriting Agency, LLC ("Company"), hereby gives Gary T. Harker, Esq., Marc Lefebvre, Esq., and Darrell T. Belch, Esq. of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports that must be filed with the Secretary of State and/or Department of Insurance of any jurisdiction in which such Company is authorized to do business, provided that Messrs. Harker, Lefebvre and /or Belch of 3H will use only the information provided to them by a Company to make such filings, and provided this Power of Attorney will be deemed revoked to the extent Mr. Harker, Mr. Lefebvre and/or Mr. Belch is/are no longer employed by 3H.

IT IS FURTHER RESOLVED, subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a corporate officer of a Company or a resolution of a Company Board of Directors.

Date: 11/24/19



Kenneth Zieden-Weber

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