

M20000005428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

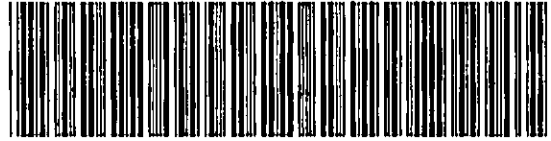
(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT

YEAR 2 YEAR
Consulting LLC
1580 N. Point Prairie Road
Wentzville, MO 63385

"Your Compliance Solution"

Phone: (636) 639-1880
Fax: (636) 639-1233
www.y2yc.com

November 15, 2022

via U.S. Priority Mail

Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Allegiance Administrators, LLC.

The following documents make up the application packet

- this cover letter;
- Cover Sheet
- Check #020368 for \$25.00
- Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida
- Certificate of Amendment

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Sandra Maeder.

Please send approval or other documents to:

Sandra Maeder
Year to Year Consulting, LLC
1580 N. Point Prairie Rd.
Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,



Sandra Maeder
Analyst/Product Compliance
Year to Year Consulting, L.L.C.
sandra.maeder@y2yc.com
Phone: (636) 639-1880
Fax: (636) 639-1233

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allegiance Administrators, 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:

Sandra Maeder

Name of Person

Year to Year Consulting, L.L.C.

Firm/Company

1580 N Point Prairie Rd

Address

Wentzville, MO 63385

City/State and Zip Code

slsheets@rps-tpa.com

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

For further information concerning this matter, please call:

Sandra Maeder

at (636) 639-1880

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: Allegiance Administrators, 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: M20000005428

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 6/16/2020

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

5. New name of the limited liability company: Renascent Protection Solutions, 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.

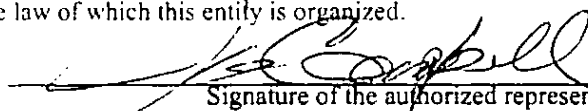
If Changing Registered Agent, Signature of New Registered Agent

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<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

Joseph Campbell

Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.

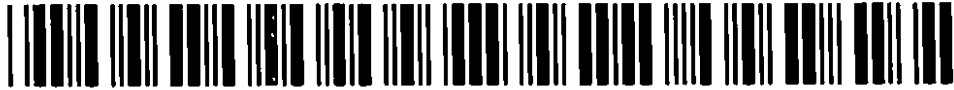


Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
3rd day of November, A.D. 2022.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:
202230703402



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/29/2022	202227103200	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ALLEGIANCE ADMINISTRATORS, LLC
5500 FRANTZ ROAD
DUBLIN, OH 43017

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
4144061

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
RENASCENT PROTECTION SOLUTIONS, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - AMENDMENT

Document No(s):

202227103200

Effective Date: **09/28/2022**



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
29th day of September, A.D. 2022.

Frank LaRose
Ohio Secretary of State



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

ALLEGIANCE ADMINISTRATORS, LLC

Name of Limited Liability Company

4144061

Registration Number

Optional: Effective Date (MM/DD/YYYY) 9/28/2022

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company Renascent Protection Solutions, LLC

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd".)

Purpose

Allegiance Administrators, LLC would like to request their name to be changed to Renascent Protection Solutions, LLC. The consent forms are attached and will be submitted as part of this filing.

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

ALLEGIANCE ADMINISTRATORS LLC

Signature

SOMMER L. SHEETS

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)

Form Must Be Typed

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

:

i

Signature

By (if applicable)

Print Name