

M20000008104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

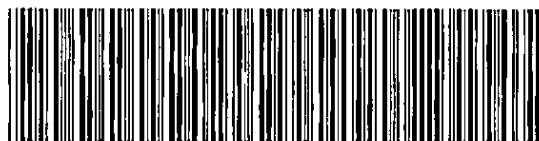
certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB 20 2023

Office Use Only



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2023 FEB 17 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CH 17



RECEIVED  
2023 FEB 17 PM 12:10  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **February 16, 2023**

Account#: I20000000088

Name: **James Brodbeck**

Reference #: **1858885**

Entity Name: **QUILITY AFFINITY INSURANCE SERVICES LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$125.00**

Signature: 

**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: QUILITY WHOLESALE INSURANCE 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: \_\_\_\_\_

3. Jurisdiction of its organization: M20000008704

4. Date authorized to do business in Florida: 09/17/2020

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

5. New name of the limited liability company: QUILITY AFFINITY 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:

\_\_\_\_\_

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>
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<u>Member</u>	<u>QUILITY INSURANCE HOLDINGS LLC</u>	<u>204 Whitson Avenue</u>	<input type="checkbox"/> Add
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		<u>Swannanoa, NC 28778</u>	<input checked="" type="checkbox"/> Remove
--	--	----------------------------	--

<u>Member</u>	<u>Quility Distribution LLC</u>	<u>204 Whitson Avenue</u>	<input checked="" type="checkbox"/> Add
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		<u>Swannanoa, NC 28778</u>	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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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.

DocuSigned by:

Matt Goforth

Signature of the authorized representative

Matthew Goforth

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'QUILITY WHOLESALE INSURANCE LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'QUILITY AFFINITY INSURANCE LLC', ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2022, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID 'QUILITY AFFINITY INSURANCE LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'QUILITY AFFINITY INSURANCE SERVICES LLC', ON THE SECOND DAY OF DECEMBER, A.D. 2022, AT 2:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'QUILITY AFFINITY INSURANCE SERVICES LLC', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



  
Jeffrey W. Bullock, Secretary of State

3257703 8321  
SR# 20230551178

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202728113  
Date: 02-16-23

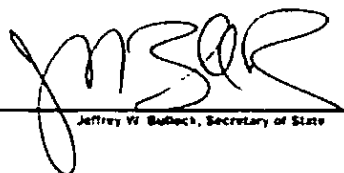
# Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUILITY  
AFFINITY INSURANCE SERVICES LLC" WAS FORMED ON THE SIXTEENTH DAY  
OF JULY, A.D. 2020.



  
Jeffrey W. Bullock, Secretary of State

3257703 8321  
SR# 20230551178

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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