

M 2000000 8993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

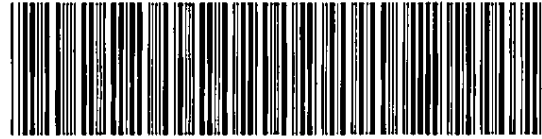
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600390252126

FILED

2022 JUL 14 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUL 14 AM 11:41

Amend

07/22/22

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUL 20 AM 11:41
TALLAHASSEE, FLORIDA

July 15, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: FUTURITY FIRST INSURANCE GROUP LLC
Ref. Number: M20000008993

We have received your document for FUTURITY FIRST INSURANCE GROUP LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

THE CERTIFICATE MUST BE FROM THE STATE OF CALIFORNIA SINCE THE CONVERSION IS CONVERTING THE LLC FROM DELAWARE TO CALIFORNIA.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 322A00015870

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 801982 7393609

AUTHORIZATION :



COST LIMIT : \$ 25.00'

ORDER DATE : July 13, 2022

ORDER TIME : 9:59 AM

ORDER NO. : 801982-045

CUSTOMER NO: 7393609

FOREIGN FILINGS

NAME: FUTURITY FIRST INSURANCE
GROUP LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX _____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: FUTURITY FIRST INSURANCE GROUP LLC

Enter new principal office address, if applicable: c/o Futurity First Insurance Group LLC

(Principal office address

MUST BE A STREET ADDRESS)

18100 Von Karmen Ave., 10th Floor

Irvine, CA 92612

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: M20000008993

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/08/20

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

5. New name of the limited liability company: _____
(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

2022 JUL 14 AM 10:50
RECEIVED
MAIL ROOM
STATE
TALLAHASSEE, FLORIDA

FILED

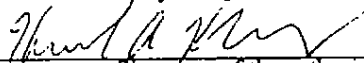
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

CALIFORNIA

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

Hershel A. Kleinberg

Typed or printed name of signee

Filing Fee: \$25.00

State of California
Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

That on the **2nd day of December, 2021**, there was filed in this office a document converting **FUTURITY FIRST INSURANCE GROUP LLC, a Delaware Limited Liability Company**, into a **California Limited Liability Company**.

That according to our records said converting Delaware Limited Liability Company is converted-out on our records.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 5, 2022.



A handwritten signature in black ink, appearing to read "Shirley N. Weber", is written over a circular stamp or seal.

Shirley N. Weber, Ph.D.
Secretary of State