

M20000010762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

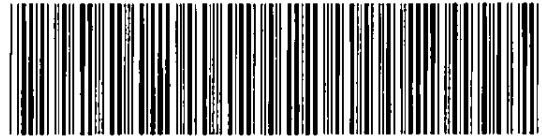
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/26/24--01015--004 \*\*25.00

FILED  
2024 AUG 26 PM 12:22  
SECRETARY OF STATE  
TOLSON

August 20, 2024

Florida Department of State  
Registration Section – Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Re: name change for American Church Group of South Carolina, LLC

Dear Sir or Madam:

Please find enclosed my completed application for Amendment of a Foreign Limited Liability Company with the Florida Division of Corporations. Included are the following documents:

- Completed Amendment by Foreign Limited Liability Company
- Articles of Amendment – Lightwell Insurance Advisors of South Carolina, LLC
- Certificate of Amendment - Lightwell Insurance Advisors of South Carolina, LLC
- Certificate of Existence - Lightwell Insurance Advisors of South Carolina, LLC
- Check in the amount of \$25.00 for filing fee

If additional information or documentation is needed, please do not hesitate to contact me at 260-481-4836 or KBrown@brotherhoodmutual.com

Thank you for your attention to this matter.

Sincerely,



Katie M. Brown

Authorized Representative

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Church Group of South Carolina, 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:

Katie Brown  
Name of Person

American Church Group of South Carolina, LLC  
Firm/Company

6400 Brotherhood Way  
Address

Fort Wayne, IN 46825  
City/State and Zip Code

affiliatescompliance@brotherhoodmutual.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Brown at ( 260 ) 481-9962  
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: American Church Group of South Carolina, 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: M20000010762

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 11/19/2020

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

5. New name of the limited liability company: Lightwell Insurance Advisors of South Carolina, 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
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<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.

By: Katie M. Broken  
Signature of the authorized representative

Katie M. Broken, Authorized Person  
Typed or printed name of signee

Filing Fee: \$25.00

APPROVED AND FILED  
DIEGO MORALES  
INDIANA SECRETARY OF STATE  
08/08/2024 02:00 PM

**ARTICLES OF AMENDMENT**

**ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS**

BUSINESS ID	202007271409345
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	AMERICAN CHURCH GROUP OF SOUTH CAROLINA, LLC
PRINCIPAL OFFICE ADDRESS	6400 Brotherhood Way, Fort Wayne, IN, 46825, USA
DATE AMENDMENT WAS ADOPTED	08/08/2024

**EFFECTIVE DATE**

EFFECTIVE DATE	08/08/2024
EFFECTIVE TIME	10:00AM

**ARTICLE I - BUSINESS NAME CHANGE**

DATE OF ADOPTION	08/08/2024
NEW BUSINESS NAME	Lightwell Insurance Advisors of South Carolina, LLC

**State of Indiana  
Office of the Secretary of State**

**Certificate of Amendment  
of**

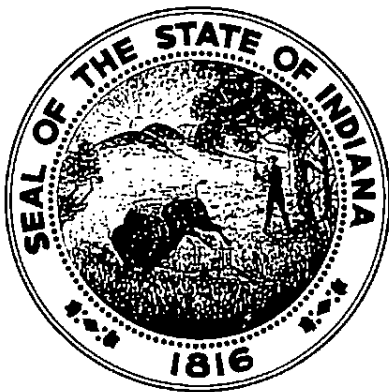
**AMERICAN CHURCH GROUP OF SOUTH CAROLINA, LLC**

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

**LIGHTWELL INSURANCE ADVISORS OF SOUTH CAROLINA, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, August 08, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 08, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202007271409345 / 10445811

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

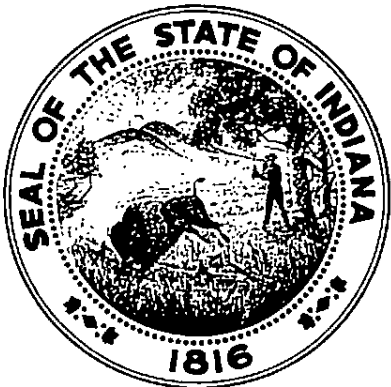
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**LIGHTWELL INSURANCE ADVISORS OF SOUTH CAROLINA, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 27, 2020, and was in existence or authorized to transact business in the State of Indiana on August 15, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 15, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202007271409345 / 20243921405

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 14, 2024.