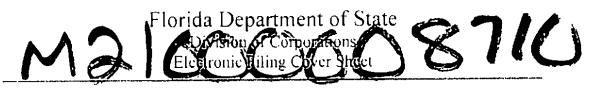
From: Lexus Wing

3/25/22, 4:08 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000111384 3)))



H220001113843ABCW

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AP GOVERNMENTAL RISK ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 MAR 25 AM 8: 21

APPROVEU AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

2022 HAR 25

From: Lexus Wing

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2022-03-25 14:10.18 CST

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of	
State: AP GOVERNMENTAL RISK ADVISOR	S, LLC	
Enter new principal office address, if applicable:	A CONTRACTOR OF THE PROPERTY O	- <del> </del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M21000008710	
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida: 7/8/	/2021	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company:(mus	st contain "Limited Liability Company, " "L.L.C	.," or "LLC.")
AP Global Risk Advisors, LLC (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	manner in an article of a supplier of the supp	AR 2
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on our records, enter the nam	e of the new
Name of New Registered Agent:		
New Registered Office Address:		
	, Florida	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: ent and agree to act in this capacity. I further age r and complete performance of my duties, and I tered agent as provided for in Chapter 605, F.S e in the registered office address, I hereby confi	ree to comply with am familiar with . Or, if this

If Changing Registered Agent, Signature of New Registered Agent

Paga: 5 of 6

From: Lexus Wing

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:					
Title/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
			Remove		
			Remove		
, expense who /			□Aðd		
			□Remove		
			ClAdd		
			Remove		
			∐Add		
aforementic	under the law of which this entity is orguing the law of which	the authorized representative	∐Remove		

Filing Fee: \$25.00

## Delaware The First State

Page: 6 of 6

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AP GOVERNMENTAL RISK

ADVISORS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'AP GLOBAL RISK ADVISORS, LLC' ON THE TWENTY-SEVENTH DAY

OF AUGUST, A.D. 2021, AT 4:14 O'CLOCK P.M.



Authentication: 203011050

Date: 03-25-22