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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP GLOBAL RISK ADVISORS, LLC

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Help

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

•	SECTION	l (1-4 must be com	ipleted)	-	
1. Name of limited liability Compar	iv as it annears	on the records of th	re Florida Departme	ent of	
		The second of the	ie i aritm i separtiti	LIII (/I	
State: AP Global Risk Advisors, L					
Enter new principal office address, i	f applicable:				
(Principal office address					
MUST BE A STREET ADDRESS)				_	
	•			- 	1022 EED 27
Enter new mailing address, if applica	able:		<u>_</u>		F
(Mailing address					
MAY BE A POST OFFICE BOX)					<u></u>
				· · · · · · · · · · · · · · · · · · ·	P#
 2. The Florida document number of a 3. Jurisdiction of its organization: 	this limited liah	ollity company is: N	121000008710	<u>.</u> .	بي _
				5	
3. Jurisdiction of its organization: $\underline{\underline{}}$	Delaware			, ,	
4. Date authorized to do business in	Florida: 07/0	8/2021			
SECTION II (5-9 complete only th					
5. New name of the limited liability			Advisors, LLC		
5. They maile of the finited natificy	(must	contain "Limited Li	iability Company, "	"L.L.C.," or	"LLC.")
(If name unavailable, enter alternate copy of the written consent of the mamust contain "Limited Liability Com	inagers or mana	aging members ado	ransacting business pting the alternate r	in Florida and name. The alte	attach a rnate name
6. If amending the registered agent a registered agent and/or the new regis			our records, enter t	he name of the	: new
Name of New Registered Agent:					
New Registered Office Address:	·				
		Εi	nter Florida Street .	Address	
		······································	, Flo	rida <u>Zip Co</u>	
		City		Zīp Co	de
New Registered Agent's Signature, i I hereby accept the appointment as r			this gangain 16.	othan airuan ta :	namanta asist
the provisions of all statutes relative	to the proper a	nd complete perfor	mance of my duties,	, and Ì am fam	iliar with
and accept the obligations of my pos document is being filed to merely ref					

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Nane	Address	Type of Action	
PLE PLANTE.			DAdd	
			CIRemo	
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aforementioned amo	e law of which this entity is org	by the official having custody of records in the	□Remo	

Filing Fee: \$25.00



Page 1

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AP GLOBAL RISK ADVISORS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ACCRETIVE GLOBAL RISK ADVISORS, LLC" ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022, AT 12:45 O'CLOCK P.M.



Authentication: 205158606

Date: 12-21-22