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Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

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. \*\*

mail Address:	mail	Address:	
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP WHOLESALE INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

MAR 0 3 2023

To:

## 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 Flor	rida Department of	
State: AP Wholesale Insurance Services, LLC			
Enter new principal office address, if applicable:		<b></b>	
(Principal office address MUST BE A STREET ADDRESS)		·	···
			<del></del>
Enter new mailing address, if applicable: (Mailing address)	<del>-</del>		<del></del>
A LICENTE DE BOOM CONTRACTOR DE CONTRACTOR D		· · · · · · · · · · · · · · · · · · ·	2073 HAR -2
	<del></del>		美.
2. The Florida document number of this limited liat	oility company is: M21000	100901)2 	
3. Jurisdiction of its organization: Delawate		. <u>.</u>	모
4. Date authorized to do business in Florida: 07/14/2021			
SECTION II (5-9 complete only the applicable c	hanges)		
New name of the limited liability company: Action (must)	ceretive Wholesale Insurance contain "Limited Liability	e Services, LLC Company, ""L.L.C.	." or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.I.,C	aging members adopting t	ing business in Florid he afternate name. Th	a and attach a e alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our red dress here:	cords, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 1:1	orida Street Address	
<del></del>	City	Florida	ip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change it liability company has been notified in writing of this	t and agree to act in this co ind complete performance red agent as provided for i in the registered office addi	of my duties, and Lan in Chapter 605, F.S. (	n familiar with Or, if this

If Changing Registered Agent. Signature of New Registered Agent

	ty in accordance with 605,0902(1)(e), indicate that el	nange:
e/ Capacity Name	<u>Address</u> <u>T</u>	ype of Action
		_ □Add
	<del></del>	_ □Remo
		_ □Add
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	<del> </del>	_ □Remo
		_ □Add
		_ □Remo
		_ □Add
risdiction under the law of which this entity is	ed by the official having custody of records in the organized.	_ □Remo
	re of the authorized representative	

Filing Fee: \$25.00

To:

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AP WHOLESALE INSURANCE SERVICES, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ACCRETIVE WHOLESALE INSURANCE SERVICES, LLC' ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022, AT 12:44 O'CLOCK P.M.



Authentication: 202814035

Date: 03-01-23

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