

M22000013973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

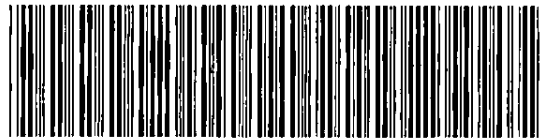
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

AUG 30 2024

Office Use Only



000435546740

08/28/24--01014--010 **25.00

FILED
2024 AUG 28 PM 3:33
J. HORNE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camino Alto Insurance Services, 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:

Ben Pogany

Name of Person

AmTrust Financial Services, Inc.

Firm/Company

800 Superior Ave. E. 21st Floor

Address

Cleveland, OH 44114

City/State and Zip Code

govdocs@unitedagentgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Pogany

Name of Person

at (216) 727-4764

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: Camino Alto Insurance Services, 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: M22000013973

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/8/2022

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

5. New name of the limited liability company: Cross Channel Insurance Services 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.

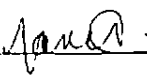
If Changing Registered Agent, Signature of New Registered Agent

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>
Member	ANV Global Services, Inc.	Harborside Two, 200 Hudson Street, Suite 800	<input type="checkbox"/> Add
		Jersey City, NJ 07311	<input checked="" type="checkbox"/> Remove
Member	AmTrust Financial Services, Inc.	59 Maiden Lane, 43rd Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Janie Clark

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "RFHB INSURANCE SERVICES, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CAMINO ALTO INSURANCE SERVICES, LLC", ON THE SIXTH DAY OF SEPTEMBER, A.D. 2022, AT 11:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "CAMINO ALTO INSURANCE SERVICES, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CROSS CHANNEL INSURANCE SERVICES LLC", ON THE EIGHTH DAY OF AUGUST, A.D. 2024, AT 10:21 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSS CHANNEL INSURANCE SERVICES LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.




Jeffrey W. Bullock, Secretary of State