

M23000009877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

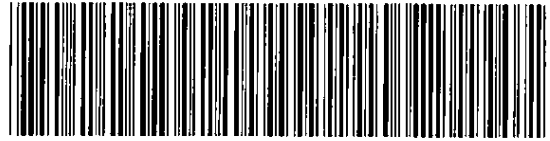
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

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S. CHATHAM

AUG 25 2023

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2023 AUG 24 PM 2:34

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2023 AUG 24 PM 3:23  
FALL HASSEE STATION



**MEENAN**  
REGULATORY AND LEGISLATIVE ATTORNEYS

August 24, 2023

*Via Federal Express*

REGISTRATION SECTION  
FLORIDA DIVISION OF CORPORATIONS  
THE CENTRE OF TALLAHASSEE  
2415 N. MONROE STREET, SUITE 810  
TALLAHASSEE, FL 32303

Re: **INNESS CLAIMS SERVICES LLC**  
**Document Number: M23000009877**  
**Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida**

Dear Sir/Madam:

On behalf of INNESS CLAIMS SERVICES LLC, we enclose the following materials for an amendment filing with the state of Florida:

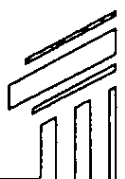
- Filing fee in the amount of \$25.00;
- Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida completed and signed; and
- Domicile Certificate of Good Standing from Delaware.

If you have any questions regarding this application or the applicant, please contact me and I will be happy to expedite an answer.

Sincerely,

Halley P. Kelly, FRP  
Paralegal  
[halley@meenanlawfirm.com](mailto:halley@meenanlawfirm.com)

WJA/hpk  
Enclosures



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INNESS CLAIMS 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:

William Anderson

Name of Person

Meenan PA

Firm/Company

PO Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

halley@meenanlawfirm.com

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

For further information concerning this matter, please call:

William Anderson c/o Meenan PA

Name of Person

at ( 850 ) 425-4000

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: INNESS CLAIMS 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: M23000009877

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/28/2023

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
S	COURTNEY SIDERS	301 NW 138TH TERRACE	<input type="checkbox"/> Add
		NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Remove
S	LAUREN ROBERGE	301 NW 138TH TERRACE	<input checked="" type="checkbox"/> Add
		NEWBERRY, FL 32669	<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

William Anderson c/o Meenan PA

Typed or printed name of signee

Filing Fee: \$25.00