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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: GuideOne Taylor Ball Name of Foreig			
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please return all correspondence concerning this	s matter to the fe	ollowing	:
Beth Molin			
Name of Person			
GuideOne Insurance			
Firm/Company			
1111 Ashworth Road			
Address			
West Des Moines, IA 50265	,)		
City/State and Zip Code			
legalworkrequests@guideo	ne.com		
E-mail address: (to be used for future annual		ion)	
For further information concerning this matter,	nlagge call:		
Beth Molln	515	, 267-	-5208
Name of Person	Area Code	& Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building - 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Division P.O. B	ANG ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status	: \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

lowa		
2. Jurisdiction of its organization: lowa		
3. Date authorized to do business in Florida: January 22, 1996		
SECTION II (4-7 complete only the applicable of	changes)	
4. If the amendment changes the name of the limited liability company, change effected under the laws of its jurisdiction of organization? Nove		
5. New name of the limited liability company: GC3, L.L.C.		
(must end with "Limited Liability Co	ompany, " "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purpose of train Florida and attach a copy of the written consent of the managers or mana the alternate name. The alternate name must end with "Limited Liability or "LLC.")	ging members ad	opting
6. If the amendment changes the period of duration, indicate new period N/A	of duration:	
7. If the amendment changes the jurisdiction of organization, indicate ne	ew jurisdiction:	
8. If the amendment corrects any false statement, indicate the statemen correction: N/A	t being corrected	and the
9. Attached is an original certificate, no more than 90 days old, evidence amendment(s), duly authenticated by the official having custody of re the law of which this entity is organized. Signature of a member or the authorized representative of	cords in the juris	
Joe Stein		
Typed or printed name of signee		

Filing Fee: \$25.00



SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

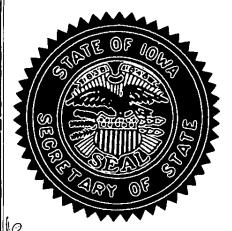
Date: 1/8/2014

Name: GC3, LLC (489DLC - 184540) Date of Incorporation: 3/30/1995

Duration: 3/30/2070

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.



MATT SCHULTZ SECRETARY OF STATE

Page 2

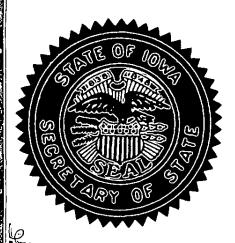
Date: 1/8/2014



SECRETARY OF STATE

Name: GC3, LLC (489DLC - 184540)

I further certify that according to the records filed with the Secretary of State's office the above named entity filed an amendment to the articles of incorporation/organization on 11/26/2013, changing the name from GUIDEONE TAYLOR BALL CONSTRUCTION SERVICES, LLC to GC3, LLC.



MATT SCHULTZ SECRETARY OF STATE