

M98000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

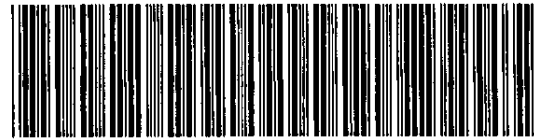
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

Y SULKER

APR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trustway Insurance Agencies, 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:

Alan Phelps

Name of Person

Trustway Services, LLC

Firm/Company

5500 Interstate North Parkway, Suite 600

Address

Atlanta, GA 30328

City/State and Zip Code

aphelps@aainsco.com

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

For further information concerning this matter, please call:

Alan Phelps at (770) 952-0200, ext 6136
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Trustway Insurance Agencies, 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: M98000000215

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 5, 1998

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

5. New name of the limited liability company: Trustway 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.

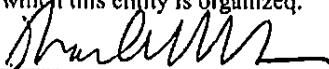
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<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

Mark H. Hain - Secretary, EVP, GC

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 THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "TRUSTWAY SERVICES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SECOND DAY OF JANUARY, A.D. 1998, AT 3 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ACCEPTANCEAMERICA INSURANCE, LLC" TO "ASSETAMERICA INSURANCE, LLC", FILED THE FIFTH DAY OF JUNE, A.D. 1998, AT 10 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ASSETAMERICA INSURANCE, LLC" TO "ASSETAMERICA INSURANCE AGENCIES, LLC", FILED THE TWENTIETH DAY OF DECEMBER, A.D. 1999, AT 3:30 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ASSETAMERICA INSURANCE AGENCIES, LLC" TO "TRUSTWAY INSURANCE



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2849496 8100H
SR# 20181776456

Authentication: 202342146
Date: 03-17-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

Page 2

AGENCIES, LLC", FILED THE SIXTH DAY OF JANUARY, A.D. 2004, AT 9
O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE SIXTH DAY OF SEPTEMBER,
A.D. 2006, AT 2:26 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-
FIFTH DAY OF JUNE, A.D. 2014, AT 2:44 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "TRUSTWAY
INSURANCE AGENCIES, LLC" TO "TRUSTWAY SERVICES, LLC", FILED THE
FOURTEENTH DAY OF AUGUST, A.D. 2014, AT 12 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE
NINETEENTH DAY OF MARCH, A.D. 2015, AT 9:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "TRUSTWAY SERVICES, LLC".




Jeffrey W. Ulloa, Secretary of State

2849496 8100H
SR# 20181776456

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202342146
Date: 03-17-18

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF

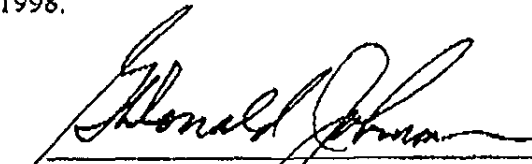
ACCEPTANCEAMERICA INSURANCE, LLC

1. The name of the limited liability company is **ACCEPTANCEAMERICA INSURANCE, LLC**.

2. The address of its registered office in the state of Delaware is Corporation Trust Center, 1209 Orange Street, City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

3. This Certificate will be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the 23rd day of January, 1998.


G. DONALD JOHNSON, Organizer

Suite 700
1275 Peachtree Street, NE
Atlanta, Georgia 30309-3574
404-872-7000

33475.0001.1*CDMS:D_JOHNSO 0074885.01
Rev. January 22, 1998

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 03:00 PM 01/22/1998
981026863 - 2849496

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF**

ACCEPTANCEAMERICA INSURANCE, LLC

1. Name of Limited Liability Company: ACCEPTANCEAMERICA INSURANCE, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows: change name to ASSETAMERICA INSURANCE, LLC

[set forth amendment(s)]
3. (Use the following paragraph if this Certificate is to be effective at a date or time which must be a date or time certain later than filing:
"This Certificate of Amendments shall be effective on 6/5/98."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of June, 1998.

Authorized Person(s)
LAWRENCE L. STUMBAUGH

Manager

Name

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 03:30 PM 12/20/1999
991549772 - 2849496

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF**

ASSETAMERICA INSURANCE, LLC

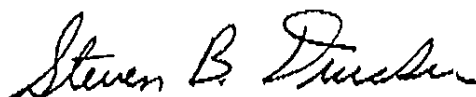
1. Name of Limited Liability Company: AssetAmerica Insurance, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"The name shall be changed to AssetAmerica Insurance Agencies, LLC"

This Certificate of Amendments shall be effective on the date of filing with the Delaware Secretary of State.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment on behalf of the Limited Liability Company on the 20th day of December, 1999.

ASSETAMERICA INSURANCE, LLC



**STEVEN B. DRUCKER, Attorney and
Authorized Person**

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF

ASSETAMERICA INSURANCE AGENCIES, LLC

1. Name of Limited Liability Company: ASSETAMERICA INSURANCE AGENCIES, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows: "The name shall be changed to TRUSTWAY INSURANCE AGENCIES, LLC."

[set forth amendment(s)]

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 29th day of December, A.D. 2003.

By: Blake S. Dyson
Authorized Person(s)

Name: Blake S. Dyson, Compliance Manager
Print or Type

STATE OF DELAWARE

CERTIFICATE OF MERGER OF

AAC Merger Corporation II, Apple Insurance Mall Of Boynton Beach, Inc., Apple Insurance Mall Of Bradenton, Inc., Apple Insurance Mall Of Clearwater, Inc., Apple Insurance Mall Of Countryside, Inc., Apple Insurance Mall Of Englewood, Inc., Apple Insurance Mall Of Lake Park, Inc., Apple Insurance Mall Of Lake Worth, Inc., Apple Insurance Mall Of Pinellas Park, Inc., Apple Insurance Mall Of Port Charlotte, Inc., Apple Insurance Mall Of Rockledge, Inc., Apple Insurance Mall Of St. Petersburg, Inc., Apple Insurance Mall Of Tampa Bay, Inc., Apple Insurance Mall Of Venice, Inc., Apple Insurance Mall Of West Palm Beach I Inc., And Insurance Center Realty, Inc., (each a Florida Corporation) and Apple Insurance Mall of Orlando, LLC, a Florida limited liability company.

INTO TRUSTWAY INSURANCE AGENCIES, LLC, a Delaware limited liability company

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act, the undersigned limited liability company has executed the following Certificate of Merger:

FIRST: The name of the surviving limited liability company is Trustway Insurance Agencies, LLC, a Delaware limited liability company.

SECOND: The name of each of the entities merging into the surviving limited liability company is AAC Merger Corporation II, Apple Insurance Mall Of Boynton Beach, Inc., Apple Insurance Mall Of Bradenton, Inc., Apple Insurance Mall Of Clearwater, Inc., Apple Insurance Mall Of Countryside, Inc., Apple Insurance Mall Of Englewood, Inc., Apple Insurance Mall Of Lake Park, Inc., Apple Insurance Mall Of Lake Worth, Inc., Apple Insurance Mall Of Pinellas Park, Inc., Apple Insurance Mall Of Port Charlotte, Inc., Apple Insurance Mall Of Rockledge, Inc., Apple Insurance Mall Of St. Petersburg, Inc., Apple Insurance Mall Of Tampa Bay, Inc., Apple Insurance Mall Of Venice, Inc., Apple Insurance Mall Of West Palm Beach I Inc., and Insurance Center Realty, Inc., (each a Florida Corporation) and Apple Insurance Mall of Orlando, LLC (a Florida limited liability company (hereinafter sometimes referred to as the "Entities" or individually as "Entity"). The jurisdiction in which each of these entities was formed is Florida.

THIRD: The Agreement and Plan of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent entities.

FOURTH: The name of the surviving limited liability company of the merger is TRUSTWAY INSURANCE AGENCIES, LLC.

FIFTH: The Certificate of Formation of the surviving limited liability company shall be the Certificate of Formation of the surviving company.

SIXTH: The merger is to become effective upon filing.

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 06/25/2014
FILED 02:44 PM 06/25/2014
SRV 140881214 - 2849496 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability
Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
TRUSTWAY INSURANCE AGENCIES, LLC
2. The Registered Office of the limited liability company in the State of Delaware is
changed to 2711 Centerville Road, Suite 400
_____ (street), in the City of Wilmington,
Zip Code 19808. The name of the Registered Agent at such address upon
whom process against this limited liability company may be served is _____
Corporation Service Company

By: /S/ DONA PRIEBE
Authorized Person

Name: DONA PRIEBE, AUTHORIZED PERSON
Print or Type

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Trustway Insurance Agencies, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Change name to:
Trustway Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 30th day of July, A.D. 2014.

By: 
Authorized Person(s)

Name: Mark Hain
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:53 PM 03/19/2015
FILED 09:27 PM 03/19/2015
SRV 150384535 - 2849496 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability
Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Trustway Services, LLC
2. The Registered Office of the limited liability company in the State of Delaware is
changed to Corporation Trust Center
1209 Orange Street (street), in the City of Wilmington,
Zip Code 19801. The name of the Registered Agent at such address upon
whom process against this limited liability company may be served is THE CORPORATION TRUST COMPANY

By: 
Authorized Person

Name: Mark Hahn
Print or Type