

701570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

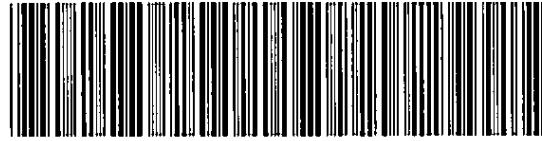
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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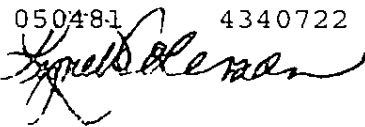
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 050481 4340722
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : September 29, 2021
ORDER TIME : 11:14 AM
ORDER NO. : 050481-030
CUSTOMER NO: 4340722

FOREIGN FILINGS

NAME: RESOURCE DEALER GROUP, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Resource Dealer Group, Inc.

Name of Corporation

DOCUMENT NUMBER: P01570

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannie Amy Aragon-Cruz

Name of Contact Person

Resource Dealer Group Inc.

Firm/Company

11222 QUAIL ROOST DRIVE

Address

MIAMI, FL 33157

City/State and Zip Code

jeannie.aragon-cruz@assurant.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P01570

(Document number of corporation (if known))

1. RESOURCE DEALER GROUP, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Illinois

(Incorporated under laws of)

3. 04/10/1984

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 09/28/2021

5. Assurant Dealer Services, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

n/a

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

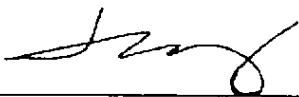
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

n/a

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TALLAHASSEE, FL

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

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records, the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jeannie Amy Aragon-Cruz

(Typed or printed name of person signing)

Secretary

(Title of person signing)

SECRETARY OF STATE
TALLEMONT

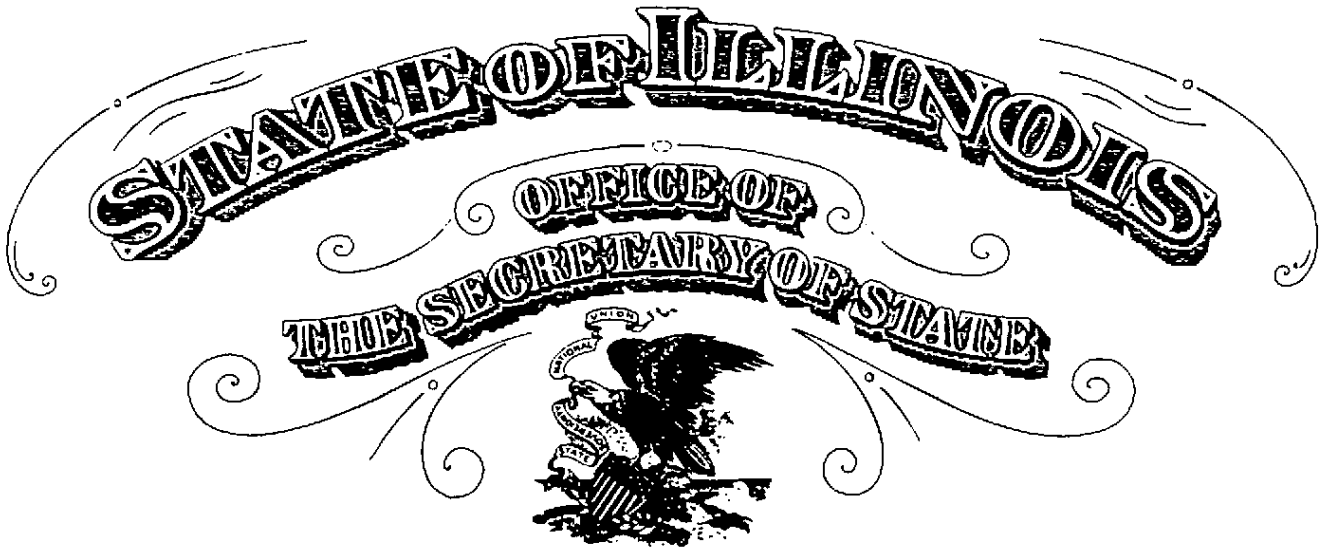
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FBI

FILING FEE \$35.00

File Number

4979-618-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ASSURANT DEALER SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED MARCH 8, 1971, FILED ARTICLES OF AMENDMENT IN THIS OFFICE ON SEPTEMBER 29, 2021 CHANGING THEIR CORPORATE NAME FROM RESOURCE DEALER GROUP, INC. TO ASSURANT DEALER SERVICES, INC. *****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 30TH
day of SEPTEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE