

M20000010867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

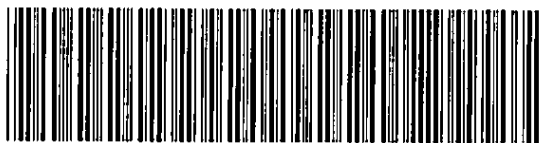
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL 17 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 07/17/23

NAME: AGENCY 1, LLC

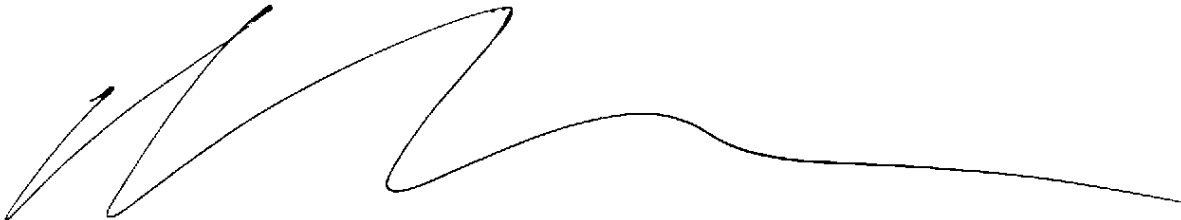
TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agency 1 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

2023 JUL 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Agency I LLC

Enter new principal office address, if applicable: 129 West 29th Street, 11th Floor, New York, NY 10001
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 129 West 29th Street, 11th Floor, New York, NY 10001
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M20000010867

3. Jurisdiction of its organization: PA

4. Date authorized to do business in Florida: 05/19/2020

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

5. New name of the limited liability company: USN Insurance Agency 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:

Changes to LLC member + ownership

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>member</u>	<u>Erin Collier</u>	<u>144 W Chocolate Ave</u>	<input type="checkbox"/> Add
		<u>Hershey, PA 17033</u>	<input checked="" type="checkbox"/> Remove
<u>member</u>	<u>LemonBrew Technologies Corp</u>	<u>720 Monroe St Ste C502</u>	<input type="checkbox"/> Add
		<u>Hoboken, NJ 07030</u>	<input checked="" type="checkbox"/> Remove
<u>member</u>	<u>USN Insurance Services LLC</u>	<u>129 W 29th St 11th Fl</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10001</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<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.

Erin Collier

Signature of the authorized representative

Erin Collier

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 17 AM 10: 02

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

July 13, 2023

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that on June 20, 2023, a Certificate of Amendment was filed pursuant to the laws of the Commonwealth of Pennsylvania, whereby Agency 1, LLC changed their name to USN Insurance Agency LLC.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

Albert Schmidt
Acting Secretary of the Commonwealth

Certificate Number: 018157931