

P38993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

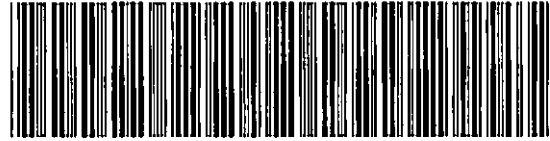
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000371313070

*Name Change
Amend*

2021 AUG 16 PM 12 05
SECRETARY OF STATE
1170 HASSELL BLVD

FILED

AUG 26 2021

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Concentrix Insurance Administration Solutions Corporation
Name of Corporation

DOCUMENT NUMBER: P38993

The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tammy Morris
Name of Contact Person

Concentrix Insurance Administration Solutions Corporation
Firm/Company

2000 Wade Hampton Boulevard
Address

Greenville, SC 29615
City/State and Zip Code

tammy.morris@concentrix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Tammy Morris at (864) 248-9174
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

P38993

(Document number of corporation (if known))

1. Concentrix Insurance Administration Solutions Corporation

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

2. South Carolina

(Incorporated under laws of)

3. 05/27/1992

(Date authorized to do business in Florida)

2021 AUG 16 PM 12 05
FILED
STATE OF FLORIDA
SECRETARY OF STATE

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? 7/12/2021

5. illumifin Corporation

(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.

No change

(New duration)

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

No change

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent No change

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

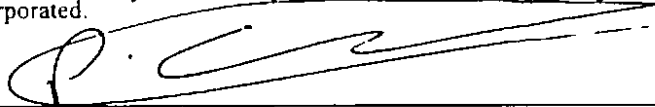
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	<u>No Change</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 in 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)

Philip C. Ratzliff

(Typed or printed name of person signing)

President + CEO

(Title of person signing)

FILING FEE \$35.00

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate Under Seal

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

illumifin Corporation,
'illumifin Corporation', a corporation duly organized under the laws of the state of South Carolina on June 13th, 1991 has filed an Articles of Amendment to change the legal name of the company from 'CONCENTRIX INSURANCE ADMINISTRATION SOLUTIONS CORPORATION' to 'illumifin Corporation' on July 12th, 2021. As of this date, the entity listed above is active and in good standing. Nothing else is hereby certified.

Given under my Hand and the Great Seal
of the State of South Carolina this 3rd day
of August, 2021.


Mark Hammond, Secretary of State