



STATE OF IDAHO
Office of the secretary of state, Lawerence Denr. AMENDMENT OF FOREIGN REGISTRATION
AWENDWENT OF FOREIGN REGISTRATION
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

## ATE OF IDAHO

fice of the secretary of state, Lawerence Denney IENDMENT OF FOREIGN REGISTRATION STATEMENT no Secretary of State Box 83720

For Office Use Only



File #: 0003439041

Date Filed: 3/5/2019 11:52:21 AM

1. The name of the entity as currently registered with the Idaho Secretary of State is: PDX Insurance Solutions LLC			e is:	
The file number of this entity on the records of the Idaho Secretary of State is:			tary 0003365349	
2. The entity name in it's home jurisdiction is/or is amended to: Ridgeline Insurance Solutions LLC				
Upload or mail a Certificate of Existence/Good Standing from your domestic state (home jurisdiction) when filing this document.			our	
3. The new name to be used in Idaho is:				
Change Name?			I want to change the name used in Idaho	
	Entity name		Ridgeline Insurance Solutions LLC	
	4. The entity type is: Foreign Limited Liability Company			
5. The entity's jurisdiction is amended to: NORTH CAROLINA				
6. The street address of the principal office is amended to:				
			CORY FULLER 1750 NW MAYNARD RD	
			STE 100-3	
			CARY, NC 27513-3401	
7.	The mailing address of the principal offic	e is amended to:		
	Mailing Address			
			3313 W CHERRY LN STE 1003	
			MERIDIAN, ID 83642-1119	
8. The name, capacity and mailing address of the governor(s) is amended to:				
	Name	Title	Address	
	Cory Fuller	Manager	CORY FULLER	
			313 W CHERRY LN	
			ITE 1003 IERIDIAN, ID 83642-1119	
The amendment must be signed by an officer or director of a corporation, a member or manager of an LLC, or a partner of an LP.				
	Cory Fuller 03/05/2019			
Sign Here Date				
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	Cine and Tiller Descriptions			
	Signer's Title: President			



## **NORTH CAROLINA** Department of the Secretary of State

## **CERTIFICATE OF EXISTENCE** (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

## **RIDGELINE INSURANCE SOLUTIONS LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 10th day of May, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 104008651-1 Reference# 15036593- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification Page 2 of 2

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of February, 2019.

Elaine & Marshall

Secretary of State