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-FILED-

Date Filed: 9/27/2021 3:26:00 PM

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be typed).

Entity name: CXP Insurance Services LLC The entity name is amended to:				, 6
a. If the new name is not availal	ble or permissib	ole in Idaho, the na	me to be used in Idaho is:	
The entity type is amended to:				
	Conne	al Dartnombia		
☐ Business Corporation	-			
□ Nonprofit Corporation □ General Cooperative Association □ Limited Liability Partnership □ Limited Partnership (Including a limited liability limited partnership				
☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust				
Other:				
(Fravide unlisted foreign entity type here) The entity's jurisdiction is amended to: Delaware				
i. The street and mailing address(es) of its principal office is amended to:				
(Street Address)	 			
,				,
(Mailing Address, if different)				
5. The name, capacity, and mailing address of the governor(s) is amended to:				į
(Name)	(Capacity)	(Address)		
(Name)	(Сарясфу)	(Address)		
		_		
			Secretary of State use only	
Timed Names, Steven Similar				
yped Name: Steven Sigrist				
Docusigned by:				
Signature: Steve Signist				
E70F9A15909847C	·			
Capacity: Manager				

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CXP INSURANCE SERVICES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CXP INSURANCE SERVICES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204245813

Date: 09-24-21