



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

Base filing fee: \$10.00 + \$20.00 for manual processing (form must be typed).
(see Instructions for additional fees)*

For Office Use Only

-FILED-

File #: 0005870958

Date Filed: 8/26/2024 2:23:00 PM

1. The assumed business name is: Condon and Skelly
2. The assumed business name was filed with the Secretary of State's office on 09/14/2012 as file number 480266.
3. ☐ **Cancellation.** The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follows:

Add: ☐ Delete: ☒ Care Providers Insurance Services, LLC, 19111 N Dallas Parkway, Ste 250 Dallas, TX 75287

Add: ☒ Delete: ☐ American Collectors Insurance LLC 555 E NORTH LN STE 6060 CONSHOHOCKEN, PA 19428-2250

Add: ☐ Delete: ☐ _____

6. ☐ The type of business is amended to:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate

7. ☐ Amend mailing address for future correspondence to:

8. Name and address for this acknowledgment copy is:

Printed Name: William McKernan

Signature: [Redacted]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only