

State of Idaho

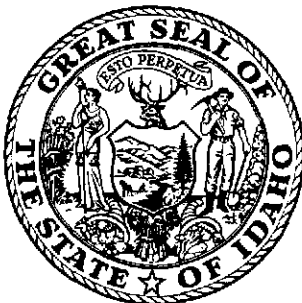
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION
OF
ELEVON AVIATION INSURANCE SERVICES, LLC**
File Number W 166411

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Foreign Registration to reflect the name change from **ELEVON AVIATION INSURANCE SERVICES, LLC** to **ELEVON AVIATION INSURANCE SOLUTIONS, LLC** and attach hereto a duplicate of the application for such amended certificate.

Dated: January 9, 2017



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2017 JAN -9 AM 9:52

SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: Elevon Aviation Insurance Services, LLC

2. The entity name is amended to: Elevon Aviation Insurance Solutions, LLC

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

3. The entity type is amended to:

- | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |

☐ Other: _____
(Provide unlisted foreign entity type here)

4. The entity's jurisdiction is amended to: _____

5. The street and mailing address(es) of its principal office is amended to:

(Street Address)

(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

(Name) (Capacity) (Address)

(Name) (Capacity) (Address)

Typed Name: Dean Curtis

Signature:

Capacity: SR VP

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2017 05:00

CK:27944 CT:309864 BH:1562971
1@ 30.00 = 30.00 AMD FOR RE #2

W166411

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Elevon Aviation Insurance Solutions, LLC

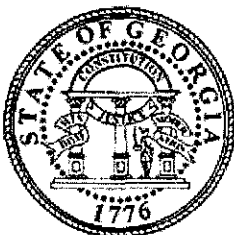
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 13683557
Date Inc/Auth/Filed	: 02/02/2016
Jurisdiction	: Georgia
Print Date	: 12/08/2016
Form Number	: 211



Brian P. Kemp
Secretary of State