

F090000004641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

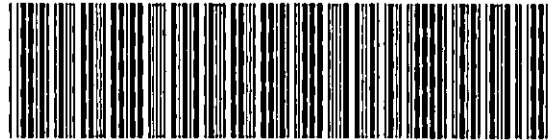
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -2 AM 5:42

NOV 3

Foreign
priority
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 SEP 17 PM 3:58

September 17, 2020

JANET REED
JMG INSURANCE CORP
PO BOX 700
NORWALK, CT 06852

SUBJECT: FORLIVIO ACQUISITION CORP.
Ref. Number: F09000004641

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

THE DOCUMENT NUMBER OF THE NAME CONFLICT IS L18000038166-JMG INSURANCE LLC

FOR ITEM #4, THE DATE INDICATED SHOULD BE OCTOBER 24, 2019, AS SHOWN ON THE CERTIFICATE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 120A00017748

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Forlivio Acquisition Corp

Name of Corporation

DOCUMENT NUMBER: F09000004641

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet Reed

Name of Contact Person

JMG Insurance Corp

Firm/Company

P O Box 700

Address

Norwalk, CT 06852

City/State and Zip Code

jreed@jmg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Reed

Name of Contact Person

at (203) 956-2471

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)

F09000004641

(Document number of corporation (if known))

1. Forlivio Acquisition Corp.
(Name of corporation as it appears on the records of the Department of State)
2. Connecticut 3. November 24, 2009
(Incorporated under laws of) (Date authorized to do business in Florida)

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? 10/24/2019
5. JMG Insurance Corp.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- JOHN M. GLOVER AGENCY CORP.
(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.

(New duration)

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

(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

(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.

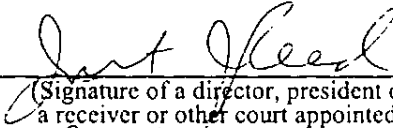
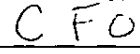
Signature of New Registered Agent, if changing

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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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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)	
 _____ (Typed or printed name of person signing)	 _____ (Title of person signing)

FILING FEE \$35.00

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

JMG INSURANCE CORP

a domestic STOCK corporation, was filed in this office on January 18, 1994.

A certificate of amendment for FORLIVIO ACQUISITION CORP., changing its name to JMG
INSURANCE CORP, was filed on October 24, 2019.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of The State of Connecticut

Date Issued: July 20, 2020