

LOB00000 18910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

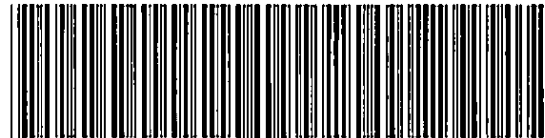
Certified Copies _____

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Special Instructions to Filing Officer:

J. HORNE
DEC - 5 2024

Office Use Only



900440561759

FILED
2024 DEC - 4 PM 1:04

FILED
2024 DEC - 4 PM 4:01

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/04/2024

****WALK IN****

ENTITY NAME COREPRO INSURANCE, LLC

DOCUMENT NUMBER L08000018910

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 55.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CorePRO Insurance, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Pantalone

Name of Person

Verrill Dana LLP

Firm/Company

355 Riverside Avenue

Address

Westport, CT 06880

City/State and Zip Code

mconneely@integrisgrp.com

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

For further information concerning this matter, please call:

Brenda Pantalone

at 203 222-3122

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tall
2415 N. Monroe St
Tallahassee, FL 323

*Name Preservation
Letter
Attached. :)*

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CorePRO Insurance, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 DEC -4 PM 1:03
CLERK OF DISTRICT COURT

The Articles of Organization for this Limited Liability Company were filed on February 21, 2008 and assigned
Florida document number L08000018910.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Integris Insurance Agency, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

United Corporate Services, Inc.

New Registered Office Address:

3458 Lakeshore Drive

Enter Florida street address

Tallahassee

City

Florida 32312

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Fiting Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2024

The name INTEGRIS INSURANCE AGENCY, LLC has been reserved for 120 days beginning August 27, 2024. The reservation number is R24000000197 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

Genesis R Kersey

Letter number: 824A00019257

Account number: I20140000108

Amount charged: 25.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COREPRO INSURANCE, LLC
76 SOUTH LAURA STREET, SUITE 900
JACKSONVILLE, FL 32202

August 27, 2024

Florida Secretary of State
R.A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399

Re: Name Reservation Application

Dear Recipient:

Pursuant to Section 605.01125 of the Florida Revised Limited Liability Company Act, CorePRO Insurance, LLC with a mailing address of 76 South Laura Street, Suite 900, Jacksonville, FL 32202 would like to reserve the name Integrals Insurance Agency, LLC with the Florida Secretary of State. The filing fee for the reservation has been paid.

Please contact Brenda Pantalone at (203) 222-3122 with any questions. Please provide the filed copy of the document to United Corporate Services. Thanks.

Sincerely,



Bryan Carter
Chief Marketing Officer

FILED
AUG 27 AM 9:47
STATE
TALLAHASSEE, FL