## MO90000004616

(	Requestor's Name)
	Address
(	(Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
·	·
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	





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2022 SEP -2 AH II: 27

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A. RAMSEY

SEP - 6 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 921462 8341078				
AUTHORIZATION: Symullice man				
COST LIMIT : \$ 25.00				
ORDER DATE : September 1, 2022				
ORDER TIME : 8:10 AM				
ORDER NO. : 921462-005				
CUSTOMER NO: 8341078				
FOREIGN FILINGS				
NAME: RITTER INSURANCE MARKETING, LLC				
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it appear  Ritter Insurance Marketing, LLC	irs on the records	of the Florida Depart	ment of : 2022
State: Ritter Insurance Marketing, LLC	2605 Interstat	e Drive	STP
Enter new principal office address, if applicable:  (Principal office address)	Harrisburg, PA	•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:	c/o Legal Dep	artment, Integrity Ma	arketing Group, LLC
(Mailing address MAY BE A POST OFFICE BOX)	1445 Ross Av	enue, Floor 22	
	Dallas, TX 752	202	
2. The Florida document number of this limited I	iability company	is: M0900004616	
3. Jurisdiction of its organization: Pennsylvar	nia		
4. Date authorized to do business in Florida: 11/	23/2009		
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: _ (mu	st contain "Limite	ed Liability Company	v. " "L.L.C" or "LĹC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L.	anaging members	of transacting busine adopting the alternat	ess in Florida and attach a te name. The alternate name
6. If amending the registered agent and/or registered seent and/or the new registered office a	red officer addres address here:	s on our records. ente	er the name of the new
Name of New Registered Agent: Corporation S	ervice Company		
New Registered Office Address: 1201 Hays St.	reet		
-		Enter Florida Stre	
11	allahassee C	, I	Florida 32301 Zip Code
	tegistered Agent: ent and agree to a r and complete po stered agent as pr e in the registered this change	nct in this capacity. I performance of my dut. ovided for in Chapter office address, I here	further agree to comply with ies, and I am familiar with r 605, F.S. Or, if this eby confirm that the limited
<u> </u>	Changing Registe	red Agent, Signature	of New Registered Agent

. If the amend	ment changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
Member	Craig J. Ritter	2605 Interstate Drive	□Add
<b>M</b> ember	Ritter Insurance Holdings, LLC	Harrisburg, PA 46802 c/o Legal Department. Integrity Marketin Group, LLC 1445 Ross Avenue, Floor 22	■Remo
		Dallas, TX 75202	□Remo
<del></del>			□Add
			□Remo
			□Add
			□Remo
			□Add
aforemention	under the law of which this entity is organized with	y the official having custody of records in the	□Remo

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF 'RITTER INSURANCE MARKETING,
LLC' AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE TWENTY-SIXTH DAY OF MAY, A.D. 2022, AT 6:13 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF MAY,
A.D. 2022, AT 6:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, 'RITTER INSURANCE

MARKETING, LLC'.

Authentication: 204262014

Date: 08-26-22

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Pennsylvania
2.)	The jurisdiction immediately prior to filing this Certificate is Pennsylvania
3.)	The date the Non-Delaware Limited Liability Company first formed is December 11, 2001
4.)	The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Ritter Insurance Marketing, LLC
5.)	The name of the Limited Liability Company as set forth in the Certificate of Formation is Ritter Insurance Marketing, LLC
IN	WITNESS WHEREOF, the undersigned have executed this Certificate on the 20th day of May, A.D. 2022.
	By: By: Authorized Person
	Name: Bryan W. Adams

Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:13 PM 05/26/2022
FILED 06:13 PM 05/26/2022
SR 20222387461 - File Number 6823745

#### STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited li		****
Ritter Insurance Marketing, LLC	,	<del></del>
2. The Registered Office of	the limited liability company in the State	of Delaware is
located at 251 Little Falls Drive	voimpail, in alle saile	(street),
in the City of Wilmington	, Zip Code 19808	. The
name of the Registered Agent at s liability company may be served	such address upon whom process against	this limited
	'By: /s/Bryan W. Adams	
	Authorized Perso	า
	Name: Bryan W. Adams	
	Print or Type	