

M14 000001392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

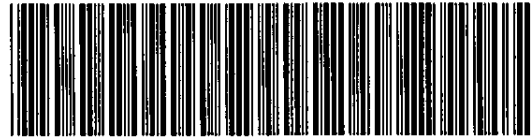
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/14--01021--002 **25.00

FILED
14 OCT 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALG ACQUISITIONS II, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY DUNCAN

Name of Person

AIA, LLC

Firm/Company

2650 MCCORMICK DR STE 200S

Address

CLEARWATER, FL 33759

City/State and Zip Code

TDUNCAN@AIASVCS.COM

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

For further information concerning this matter, please call:

TERRY DUNCAN

Name of Person

at (727) 216-0859

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ALG ACQUISITIONS II, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 2/27/2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")


INTELLIQUOTE INSURANCE SERVICES, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 10/23/2014
Signature of the authorized representative

GARY JENKINS - AUTHORIZED SIGNER
Typed or printed name of signee

Filing Fee: \$25.00

FILED
14 OCT 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

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 "INTELLIQUOTE INSURANCE SERVICES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013, AT 2:25 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ALG ACQUISITIONS II, LLC" TO "INTELLIQUOTE INSURANCE SERVICES, LLC", FILED THE SEVENTEENTH DAY OF OCTOBER, A.D. 2014, AT 4:46 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, "INTELLIQUOTE INSURANCE SERVICES, LLC".

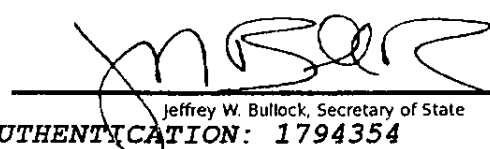
FILED
14 OCT 20 14 PM 3:00
SECRETARY OF STATE
DELAWARE

5390435 8100H

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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1794354

DATE: 10-20-14

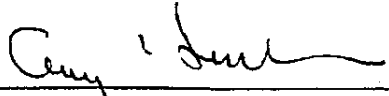
**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: ALG Acquisitions II, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The existing Paragraph 1 is hereby deleted, and the following is hereby inserted in lieu thereof:

1. The name of the limited liability company is Intelliguote Insurance Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17th day of October, A.D. 2014.

By: 
Authorized Person(s)

Name: Gary Jenkins
Print or Type

Delaware

PAGE 1

The First State

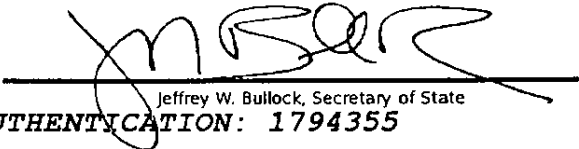
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTELLIQUOTE INSURANCE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2014.



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141309091

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1794355

DATE: 10-20-14