

M170000010738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

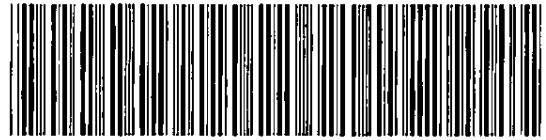
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400414503764

08/28/23--01037--017 \*\*30.00

2023 AUG 28 PM 12:40  
DIVISION OF CORPORATIONS

RECEIVED

08/28/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Galileo Insurance Services, 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:

Karen Elkins

Name of Person

DUAL NA

Firm/Company

1100 5th Ave S, Suite 301

Address

Naples, FL 34102

City/State and Zip Code

licenses@dualcommercial.com

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

For further information concerning this matter, please call:

Karen Elkins

at ( 770 )

257- 0402

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CR2E055 (9/15)

RECEIVED  
DIVISION OF CORPORATIONS  
2023 AUG 28 PM 12:40

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Galileo Insurance Services, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000010738

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 5/1/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "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.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

2023 AUG 28 PM 12:40

FLORIDA DEPARTMENT OF  
DIVISION OF CORPORATE

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

Delaware

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

Removing Title Member "Integro Parent Inc" replacing with new owner DUAL NA & Officers of DUAL NA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Integro Parent Inc	590 Madison Ave., 39th Floor	<input type="checkbox"/> Add
		New York, NY 10022	<input checked="" type="checkbox"/> Remove
CEO	John Johnson	1100 5th Ave. S, Suite 301	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
CFO	Michelle Roccoforte	1100 5th Ave. S, Suite 301	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
VP	Renee DeLozier	1100 5th Ave. S, Suite 301	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
Owner	DUAL NA	1100 5th Ave. S, Suite 301	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove

9. Attached is a 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.

Michelle Roccoforte  
Signature of the authorized representative

Michelle Roccoforte  
Typed or printed name of signee

Filing Fee: \$25.00