## M20 000004116

(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



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NIC & Amend Waa-111225

06/13/22--01015--038 \*\*25.90



A. RAMSEY 0CT 2 42022

X00789,0052400671



August 30, 2022

AMY GLENN KEYSTONE AGENCY PARTNERS LLC PO BOX 463 IRWIN, PA 15642

SUBJECT: THE SELTZER GROUP AGENCY LLC

Ref. Number: M20000004116

We have received your document for THE SELTZER GROUP AGENCY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida LLC and your entity is a foreign (out of state) LLC. I have enclosed the correct form.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 022A00019330

Scr 2 1 2022

## **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT: The Seltzer	Group Agency LLC			
	Name of Foreig	n Limited Lia	bility Cor	npany
Dear Sir or Madam:				
The enclosed application	n, certificate and fee(s)	are submitted	I for filing	z.
Please return all corresp	ondence concerning th	is matter to th	e followir	ng:
Amy Glenn				
	Name of Person		<del></del>	
Keystone Agency Partners	LLC			
	Firm/Company		<del>_</del>	
PO Box 463				
	Address		_	
Irwin, PA 15642				
(	City/State and Zip Code	2		
aglenn@keystoneagencypa				
E-mail address: (to be	cused for future annual	report notific	ration)	
For further information	concerning this matter,	please call:		
Amy Glenn		330 at (	881-79	253
Name of	Person	- \	le & Dayt	ime 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 81 Tallahassee, FL 32303	
	neck for the following \$30 Filing Fee & Certificate of Status	amount:  S55 Filing Certified	_	☐ S60 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 (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida I	Department of		
State: The Seltzer Group Agency LLC				
Enter new principal office address, if applicable:	2600 Commerce Dr.	20 S		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Harrisburg, PA 17110	7. 2 P		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		38		
2. The Florida document number of this limited lia	ability company is: M200000041	.16		
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 04/3/	0/2020			
SECTION II (5-9 complete only the applicable	changes)			
5. New name of the limited liability company: So	eltzer Group Partners LLC			
(mus	st contain "Limited Liability Cor	npany, " "L.L.C" or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the al			
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		s. enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida Street Address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of n tered agent as provided for in C in the registered office address,	w duties, and I am familiar with hapter 605, F.S. Or, if this		

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
aforementioned an	icate, if required: no more than 90 day nendment(s), duly authenticated by the the law of which this entity is organized.	cofficial having custody of records in	□Remo

Filing Fee: \$25.00





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "THE SELTZER GROUP

AGENCY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "SELTZER GROUP PARTNERS LLC" ON THE TWENTY-FIRST DAY OF

APRIL, A.D. 2022, AT 8:05 O'CLOCK A.M.



Authentication: 203526176

Date: 05-26-22