

# M21000015554

\_\_\_\_\_  
(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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2022 SEP 12 AM 11:50

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STATE OF FLORIDA

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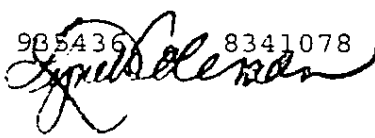
2022 SEP 12 AM 9:05

STATE OF FLORIDA  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 935436 8341078

AUTHORIZATION : 

COST LIMIT : \$ 25.00 '

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ORDER DATE : September 9, 2022

ORDER TIME : 10:16 AM

ORDER NO. : 935436-005

CUSTOMER NO: 8341078  
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FOREIGN FILINGS

NAME: HARGROVE INSURANCE AGENCY, 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

CONTACT PERSON: Eyliena Baker -- 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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Hargrove Insurance Agency, LLC

Enter new principal office address, if applicable: 2605 Interstate Drive

(Principal office address  
MUST BE A STREET ADDRESS) Harrisburg, PA 17110

Enter new mailing address, if applicable: c/o Legal Department, Integrity Marketing Group, LLC

(Mailing address  
MAY BE A POST OFFICE BOX) 1445 Ross Avenue, Floor 22  
Dallas, TX 75202

2. The Florida document number of this limited liability company is: M21000015554

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 11/15/2021

**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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

*Enter Florida Street Address*

Tallahassee

Florida

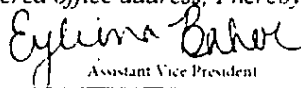
32301

*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.*

  
Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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

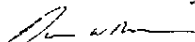
Delaware

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Hargrove Holdings, LLC	412 Hazel Ct, Orlando, FL 32804	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Authorize	Steven Hargrove	412 Hazel Ct, Orlando, FL 32804	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Member	Ritter Insurance Marketing, LLC	c/o Legal Dept, Integrity Marketing Group	<input checked="" type="checkbox"/> Add
		1445 Ross Avenue, Dallas, TX 75202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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.



Signature of the authorized representative

Duncan McQueen, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A NEVADA LIMITED LIABILITY COMPANY "HARGROVE INSURANCE AGENCY, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "HARGROVE INSURANCE AGENCY, LLC", WAS FILED IN THIS OFFICE ON THE TWENTIETH DAY OF MAY, A.D. 2022, AT 5:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Jeffrey W. Bullock, Secretary of State

6813546 8317F  
SR# 20223494730

Authentication: 204364752  
Date: 09-12-22

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)