I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYLIN PEREZ

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, MAYLIN 4905 NW 72ND AVE SUITE 5 MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Title	PD	Title	VP
Name	PEREZ, MAYLIN	Name	PEREZ, MAYLIN
Address	4905 NW 72ND AVE SUITE 5	Address	4905 NW 72ND AVE SUITE 5
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048684

Entity Name: WESTWARD INSURANCE SERVICES, INC.

Current Principal Place of Business:

4905 NW 72ND AVE SUITE 5 MIAMI, FL 33166

Current Mailing Address:

4905 NW 72ND AVE SUITE 5 MIAMI, FL 33166 US

FEI Number: 32-0205246

