2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000018239

Entity Name: WESTON INSURANCE COMPANY

Current Principal Place of Business:

2555 PONCE DE LEON BLVD. CORAL GABLES. FL 33134

Current Mailing Address:

P.O. BOX 14-2057

CORAL GABLES. FL 33114-2057 US

FEI Number: 90-0797817 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: BRYAN MCCULLY 09/21/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D, PRESIDENT Title I

Name NIXON, DEANNE D Name MCCULLY, BRYAN T

Address P.O. BOX 142057 Address P.O. BOX 14-2057

City-State-Zip: CORAL GABLES FL 33114-2057 City-State-Zip: CORAL GABLES FL 33114-2057

Title D Title D

Name AMADOR, EDUARDO M Name ALDULAIMI, RACHAEL L

Address P.O. BOX 142057 Address P.O. BOX 142057

City-State-Zip: CORAL GABLES FL 33114 City-State-Zip: CORAL GABLES FL 33114

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: BRYAN T. MCCULLY

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

09/21/2021 Date

FILED Sep 21, 2021

Secretary of State

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