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	Ρ	Title	VP
Name	OSPINA CASTANEDA, AILEEN	Name	CASTANEDA, LUIS
Address	3620 COLONIAL BLVD SUITE 140	Address	3620 COLONIAL BLVD SUITE 140
City-State-Zip:	FORT MYERS FL 33966	City-State-Zip:	FORT MYERS FL 33966
Title	TRUSTEE		
Name	OSPINA, MARGARITA		
Address	3620 COLONIAL BLVD SUITE 140		

City-State-Zip: FORT MYERS FL 33966

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.

VP

SIGNATURE: LUIS CASTANEDA

Electronic Signature of Signing Officer/Director Detail

Entity Name: LIGHT HOUSE INSURANCE GROUP OF FLORIDA INC

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3620 COLONIAL BLVD SUITE 140 FORT MYERS. FL 33966

DOCUMENT# P15000025252

Current Mailing Address:

3620 COLONIAL BLVD SUITE 140 FORT MYERS. FL 33966 US

FEI Number: 47-3428075

Name and Address of Current Registered Agent:

OSPINA CASTANEDA, AILEEN 3620 COLONIAL BLVD SUITE 140 FORT MYERS, FL 33966 US

Certificate of Status Desired: No

03/09/2021

Date

Date