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: ROSANA GIANI

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P18000049671

Entity Name: NOVUS INSURANCE WEST BOCA CORP.

Current Principal Place of Business:

22763 STATE ROAD 7 BOCA RATON, FL 33428

Current Mailing Address:

22763 STATE ROAD 7 BOCA RATON, FL 33428 US

FEI Number: 83-0758967

Name and Address of Current Registered Agent:

GIANI, ROSANA A 8586 DYNASTY DRIVE BOCA RATON, FL 33434 US

Date

Certificate of Status Desired: No

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	Р	Title	VP
Name	GIANI, ROSANA A	Name	DEASSUNCAO, ADELIO
Address	8586 DYNASTY DRIVE	Address	8586 DYNASTY DR
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	VP		
Title Name	VP GIANI, GABRIEL A		

PRESIDENT

02/06/2024 Date