

•		
(Red	questor's Name)	
(Add	iress)	
(Add	fress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(500	ument Number)	
(coc	dinent Homber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	

Office Use Only



400335927554

10/25/18--01087--018 **49.79

SCHOOL STATE STATE

NOV 27 2019 CMCNAUR





FINANCIAL SERVICES COMMISSION

RON DESANTIS GOVERNOR

JIMMY PATRONIS CHIEF FINANCIAL OFFICER

ASHLEY MOODY ATTORNEY GENERAL

NICOLE "NIKKI" FRIED COMMISSIONER OF AGRICULTURE

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER COMMISSIONER

July 23, 2020

Florida Department of State Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: SafePort Insurance Company Replacement Corporate Amendment Filing

To Whom it May Concern:

On October 28, 2019. SafePort Insurance Company f/k/a Service Insurance Company ("SafePort"), a Florida domestic insurer, filed a name change amendment to its Articles of Incorporation ("corporate amendment") with the Florida Department of State, Division of Corporations ("DoC") prior to filing a corporate amendment application with the Florida Office of Insurance Regulation ("Office"). Consequently, the amendment filing dated October 28, 2019, and currently online, does not have a stamp from the Office signifying its approval of the amendment, as required by Section 628.101. Florida Statutes.

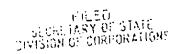
To remedy this issue, the Office respectfully requests the DoC replace the current online copy of the corporate amendment with the version accompanying this letter, which has been stamped approved by the Office as of the date the corporate amendment application filed by SafePort with the Office was approved.

Sincerely,

Michael Kliner

Assistant General Counsel

COVER LETTER



TO: Amendment Section Division of Corporations 19 OCT 28 PR 1: 15

NAME OF CORPO	DRATION: Service Insurance	Company			
DOCUMENT NUN					
	s of Amendment and fee are st	bmitted for filling.			
Please return all con	espondence concerning this ma	atter to the following:			
	Lauren Ybarra				
		Name of Contact Perso	n		
	Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C.				
		Firm/ Company			
	500 W. 5th Street, Suite 115	0			
	Address				
	Austin, TX 78701				
	<u> </u>	City/ State and Zip Cod	······································		
\$ 100	e.Blinson@iatinsurance.com				
.7118	-	sed for future annual report			
	r,-man address, (16) be in	seo for fattire animal report	nonneation)		
For further informati	on concerning this matter, pleas	se call:			
Lauren Ybarra		at (480-5122		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State;		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32304



AMENDMENT TO THE ARTICLES OF INCORPORATION OF

SERVICE INSURANCE COMPANY

The undersigned President and Secretary of SERVICE INSURANCE COMPANY (the "Company"), a corporation organized under the laws of the State of Florida and pursuant to resolutions duly adopted by its Board of Directors and sole Shareholder, adopts the following amendments to the Articles of Incorporation of the Company:

- 1. That the current name of the corporation is SERVICE INSURANCE COMPANY
- 2. The Articles of Incorporation of said corporation are hereby amended by deleting all words and figures contained in "Article I Name" and inserting the following in place thereof:

ARTICLE I of the Amended and Restated Articles of Incorporation of the Company is amended to read as follows:

ARTICLE I NAME

The name of the Company is SafePort Insurance Company and its principal place of business shall be in Bradenton, Manatee County, Florida, or such other place as the Board of Directors may from time to time direct.

IN WITNESS WHEREOF, SafePort Insurance Company f/k/a Service Insurance Company has caused this Amendment to the Articles of Incorporation to be executed by its President and Secretary on other 18, 2019.

SAFEPORT INSURANCE COMPANY 1/k/a SERVICE INSURANCE COMPANY

33

By:

David G. Pirrung-

President

Attest:

Michael Blinson

Secretary