

818638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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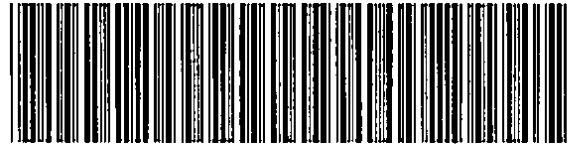
(Business Entity Name)

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M. SOLOMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Graphic Arts Mutual Insurance Company
Name of Corporation

DOCUMENT NUMBER: 818638

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carrie VanHatten

Name of Contact Person

Graphic Arts Mutual Insurance Company

Firm/Company

180 Genesee Street

Address

New Hartford, NY 13413

City/State and Zip Code

carrie.vanhatten@uticanational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie VanHatten

at (315) 734-2152

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)