840587

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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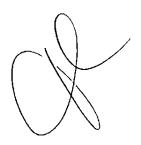




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2024 SEP - 9 AM 9: 34 SESSELVAN OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2024

SARAH COLON 1763 MARLTON PIKE EAST SUITE 200 CHERRY HILL, NJ 08003

SUBJECT: BLACKBOARD INSURANCE COMPANY

Ref. Number: 840587



We have received your document for BLACKBOARD INSURANCE COMPANY and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 024A00017728 P-9 AH 9:

www.sunbiz.org

COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons		
SUBJECT: Blackb	ooard Insurance Company			
301a1c1	Name	of Corporation		_
DOCUMENT NU	MBER: 840587	·		_
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
Sarah Colon				
	Name of Contact Person			
Westmont Associa	ues, Inc.			
	Firm/Company			
1763 Marlton Pike	East. Suite 200			
	Address			
Cherry Hill, NJ 08	6003			
	City/State and Zip Code	<u> </u>		
sarah.colon@west	montlaw.com			
E-mail addre	ess: (to be used for future annual r	eport notification)		. 2
For further informa	ation concerning this matter, plea	se call:	3	12 N
Sarah Colon		856 216-0:	220	2024 SEP -9
Name	e of Contact Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a chec	k for the following amount:		•	SSE 3
335 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee Certified Copy	& \$52.50 Filing Certificate of St Certified Conv	

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	840587				
	(Document number	of corporation (if known)			
Blackboard Insurance Company					
(Nan	ne of corporation as it appears	on the records of the Department of State)			
2. Delaware		3. 05/03/1978			
(Incorporated	d under laws of)	(Date authorized to do bus	iness in Flo	rida)	
		CTION II THE APPLICABLE CHANGES)			
4. If the amendment changes t	the name of the corporation	on, when was the change effected un	ider the la	ws of	
its jurisdiction of incorpora	ition? July 1, 2024				
5 Glatfelter Insurance Company					
	the amendment, adding soif not contained in new na	uffix "corporation." "company." or the corporation)	"incorpor	ated,"	or
Not Applicable					
(If new name is unavailable business in Florida)	in Florida, enter alternate	corporate name adopted for the pur	pose of tr	2	entard
6. If the amendment changes	the period of duration, inc	dicate new period of duration.	LAHASSEE.	SEP-9	
	Not Applicable		SSC	A	
	(No	w duration)	im or	؈ؚ	O
7. If the amendment changes	the jurisdiction of incorpo	oration, indicate new jurisdiction.	FIE A	9: 34	
	Not Applicable	jurisdiction)			
8. Attached is a certificate or 90 days prior to delivery of having custody of corporate	document of similar impo	ort, evidencing the amendment, auth partment of State, by the Secretary of under the laws of which it is incompared to the state of the	enticated of State or rporated.	not mo	ore than official
	(Signature of a director, pre-	sident or other officer - if in the hands appointed fiduciary, by that fiduciary)			
Tanya E. Kent	a reserver or other court	Secretary			
(Typed or printed page	ame of person signing)	(Title of person sig	(nine)		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLATFELTER INSURANCE COMPANY" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF SEPTEMBER, A.D. 2024.



Authentication: 204306239

Date: 09-04-24