F01000006402

(Requestor's Name)			
(Ad	dress)		
•			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
	_		
☐ PICK-UP	☐ WAIT	MAIL	
	siness Entity Nar	ne)	
(22	Sincoo Enary Han	,	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
		· -	
Special Instructions to	Filing Officer:		

Office Use Only



000370034980

07/19/21--01037--006 **35.00

2 PH 1:12

COVER LETTER

TO: Amenda	nent Section Division of Corporat	ions	
SUBJECT:	WNC INSURANCE SERV	ICES, INC.	
	Nam	e of Corporation	
DOCUMENT N	UMBER:F010000064	402	
The enclosed Am	endment and fee are submitted for	filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
Katie Le	enguadoro		
	Name of Contact Person	<u></u>	
Westm	nont Associates, Inc.		
	Firm/Company		
1763	Marlton Pike East, Suite 200		
	Address	· · · · · · · · · · · · · · · · · · ·	
Ch	erry Hill, NJ 08003		
	City/State and Zip Code		
E-mail addre	ess: (to be used for future annual re	eport notification)	
For further inform	ation concerning this matter, pleas	se call:	
	enguadoro	_ at (<u>856</u>) 216-022	0
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a checi	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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)

F0	1000006402						
(D	ocument number of	corporati	on (if known)	_			
WNC INSURANCE SERVICES, IF	NC.						
	ion as it appears on	the record	ds of the Depart	ment of Sta	ate)		
CA		3	12/1	3/2001	·		
(Incorporated under laws of)		(Date author	ized to do	business in	ı Florid	a)
	SECT	IOS II					
(4-7 COMI	PLETE ONLY THI		CABLE CHA	NGES)			
If the amendment changes the name of the corpo	oration when was th	a chanan	official under	م المسامة	tau tuutust		
incorporation? 4/1/2021	mation, when was m	e change	criccied under	ine iaws of	ns jurisan	ction of	
<u> </u>		_					
Tokio Marine Highland Insurance Se (Name of corporation after the amendment, add	ervices, Inc.	on " "con	nnany " or "ing	rnorated "	05.000000	-ioto al-	
not contained in new name of the corporation)	ing sumx corporati	on, con	npany, or med	orporateu,	or approp	riate ao	breviation
(If new name is unavailable in Florida, enter alte	rnate corporate name	e adopted	for the purpose	of transac	ting busin	ess in F	lorida)
If the amendment changes the period of dur	ation, indicate new j	period of	duration.				
					•		
						CO	
	(New di	ıration)			1 .	<u> </u>	•
					€ 6. —— *	••	te ·
If the amendment changes the jurisdiction o	f incorporation, indi	cate new	jurisdiction.		L- 7.	2	
					_		
	(New juri:	sdiction)					
If amending the registered agent and/or registered registered agent and/or the new registered	tered office address	in Flori	da, enter the n	ame of the	<u>-</u>		
	d office address.						
Name of New Registered Agent							
			.				
	(Florida street	address)					
New Registered Office Address:				_, Florida_			_
	(City)				(Zip Cod	le)	-
New Registered Agent's Signature, if changing	g Registered Agent	<u>t:</u>					
I hereby accept the appointment as registered ag	ent. I am familiar v	vith and a	accept the oblig	ations of th	ne position	1.	
Signature of New Registered A	gent, if changing						

Title/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
			□Add
			Remove
	 		🗖 Add
			CRemove
			Remove
		,,,	□Add
Attached is a certifica	ate or document of similar import, evidencin	e the amendment authentic	Remove
of the application to the under the laws of whi	ate or document of similar import, evidencing the Department of State, by the Secretary of State it is incorporated.	landhur	istody of corporate records in the jurisdicti
	(Signature of a director, presi a receiver or other court appo	dent or other officer - if in the	ne hands of
~	Blandford	Presi	•

FILING FEE \$35.00



Secretary of State

Certificate of Amendment of Articles of Incorporation

Name Change Only - Stock

AMDT-STK-NA

IMPORTANT - Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First Page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00

1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

WNC INSURANCE SERVICES, INC.

Secretary of State
State of California
A0870355
Filing Number
04/01/2021
Filing Date

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

0752210

3.	w Corporation Name			
Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being (e.g., "1.", "I", "First", or "One").				
	Article One of the Articles of Incorporation is amended to read:			
	The name of the corporation is Tokio Marine Highland Insurance Services, Inc.			
4.	pproval Statements			
	The Board of Directors has approved the amendment of the Articles of Incorporation.			
	4b. Shareholder approval was (check one):			
	By the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation entitled to vote is			
	OR			
	Not required because the corporation has no outstanding shares.			

Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

ire true and correc	to our own knowledge and we are authorize	ed by California law to sign.
3/30/21	Patot belal	Patrick Blandford
Date	Signature (Do not leave blank)	Type or Print Name of President
		Art Lee
Date	Signature (Do not leave blank)	Type or Print Name of Secretary

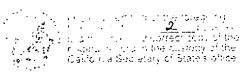
A0870355

NO THE STATE OF	Secretary of State		
	Certificate of Amendment of Articles of Incorporation	AMDT- STK-NA	·
	Name Change Only - Stock		
IMPORTANT - R	ead Instructions before completing	this form.	
Filing Fee - \$30	.00		
	st Page \$1.00 & .50 for each attachme	nt page;	
Çer	tification Fee – \$5.00		This Space For Office Use Only
	Name (Enter the exact name of the corporate with the California Secretary of State		7-Digit Secretary of State Entity Number
WNC INSURAN	ICE SERVICES, INC.		0752210
3. New Corpora	tion Name		
(e.g., 11,7, 17, 16 Article	xst', or "One").	oration is an	
4. Approval Sta	tements		
4a. The Board	d of Directors has approved the amend	ment of the	Articles of Incorporation.
4b. Sharehold	er approval was (check one):		
The to The nu The pe	tal number of outstanding shares of the	corporation amendmen	California Corporations Code section 902. I entitled to vote is
OR			
☐ Not red	quired because the corporation has no	outslanding	shares.
Read, sign and o signed.)	ate below (See instructions for sign	nature requi	irements. Note: Both lines must be
	penalty of perjury under the laws of the court own knowledge and we are a		California that the matters set forth herein california law to sign.
			Patrick Blandford
Date	Signature (Do not leave blank)		Type or Print Name of President

AMDT-STK-NA (REV 12/2020)

2020 California Country of Statu INSPERSENTATION

Art Lee
Type or Print Name of Secretary



JUN 07 2021 CG

STATES ALSO IN SELECTION OF STATE