

FOI 000000 6402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

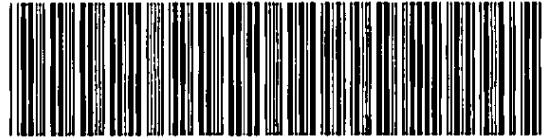
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

STATE
PM 1:12
FL

195 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WNC INSURANCE SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER: F01000006402

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Lenguadoro

Name of Contact Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

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

For further information concerning this matter, please call:

Katie Lenguadoro

Name of Contact Person

at (856) 216-0220

Area Code & Daytime Telephone Number

Enclosed is a check 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

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Patrick Blandford

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00



Secretary of State
Certificate of Amendment
of Articles of Incorporation
Name Change Only - Stock

**AMDT-
STK-NA**

FILED

Secretary of State
State of California

A0870355

Filing Number

04/01/2021

Filing Date

This Space For Office Use Only

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.

2. 7-Digit Secretary of State Entity Number

0752210

3. New Corporation Name

Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (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. Approval Statements

4a. 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 1,000.
The number of shares voting in favor of the amendment equaled or exceeded the vote required.
The percentage vote required was more than 50%.

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.

3/30/21
Date

Patrick Blandford
Signature (Do not leave blank)


Patrick Blandford
Type or Print Name of President

Date

Signature (Do not leave blank)

Art Lee
Type or Print Name of Secretary

A0870355

	Secretary of State Certificate of Amendment of Articles of Incorporation <i>Name Change Only - Stock</i>	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.		2. 7-Digit Secretary of State Entity Number <div style="font-size: 1.5em; text-align: center;">0752210</div>

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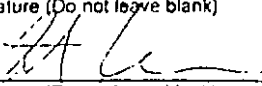
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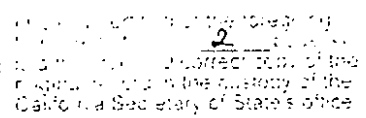
OR

☐ 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.

Date <u>3/23/21</u> Date	Signature (Do not leave blank)  Signature (Do not leave blank)	Patrick Blandford Type or Print Name of President Art Lee Type or Print Name of Secretary
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JUN 07 2021 *CG*

STREPTYCH, ALEXANDER, Secretary of State