

1/10/22, 9:14 AM

Division of Corporations

FD600004411

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NATIONAL INSURANCE CORPORATION OF WA STATE**

Certificate of Status	0
Certified Copy	1
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S. PRATHER

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TALLAHASSEE, FL

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Corporate Filing Menu

Help

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)

F06000004411

(Document number of corporation (if known))

1. National Insurance Corporation of WA State
(Name of corporation as it appears on the records of the Department of State)
2. Washington 3. 06/27/2006
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 7, 2022
5. B. Riley Wealth Insurance, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:


I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	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.

 12/27/21
 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)

Chris Ann Campana
 (Typed or printed name of person signing)

President
 (Title of person signing)

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 2022 JAN 10 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this certificate that according to records on file in this office,

Articles of Amendment for

NATIONAL INSURANCE CORPORATION,

a Washington profit corporation, whereby the corporate name is changed to

B. RILEY WEALTH INSURANCE, INC.

were received and filed by this office on January 7, 2022.

Date Issued: January 7, 2022

UBI: 602 611 998



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Steve R. Hobbs

Steve R. Hobbs, Secretary of State