

F14060004733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

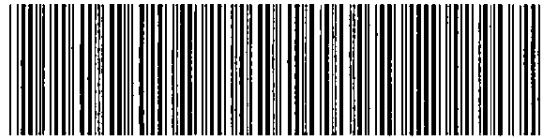
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 14 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WestGUARD Insurance Company
Name of Corporation

DOCUMENT NUMBER: FI4000004733

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:

Marisue Newman

Name of Contact Person

WestGUARD Insurance Company

Firm/Company

39 Public square

Address

Wilkes-Barre, PA 18701

City/State and Zip Code

Licensing@guard.com

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

For further information concerning this matter, please call:

Marisue Newman

at (570) 825-9900

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of PA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WestGUARD Insurance Company
2. The principal office address: 39 Public Square
Wilkes-Barre, PA 18701
3. The mailing address (if different): _____
4. Date of incorporation qualification: 2 10 2002 Document number: F14000004733
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Florida Chief Financial Officer


11351 Ulmerton Road, Suite 314

P.O. Box NOT acceptable

Largo, FL 33778-1635

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Matthew Thomas O'Connor

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

June 8, 2023

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

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

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