

F20 000 0000676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

GOVT C O 2020

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ventus Risk Management, Inc.

Name of Corporation

DOCUMENT NUMBER: F20000000676

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa B. Gilligan

Name of Contact Person

Arch Insurance Group Inc.

Firm/Company

185 Asylum Street, City Place II, 16th Floor

Address

Hartford, CT 06103

City/State and Zip Code

mgilligan@archinsurance.com

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

For further information concerning this matter, please call:

Melissa B. Gilligan

Name of Contact Person

at (860) 713-2029

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee
(Check has been received
by FL SOS - see cover letter)

☐ \$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)

F20000000676

(Document number of corporation (if known))

1. Ventus Risk Management, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 02/07/2020
(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? _____
5. _____
(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

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TALLAHASSEE, FL

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>
Chief Executive Officer	Stuart Mercer	1030 Wildwood Center Drive, Suite A	<input type="checkbox"/> Add
		Columbia, SC 29229	<input checked="" type="checkbox"/> Remove
President & Director	Richard Goldfarb	1320 Main Street, Suite 300	<input checked="" type="checkbox"/> Add
		Columbia, SC 29201	<input type="checkbox"/> Remove
Treasurer	Thomas Ahern	Harborside 3, 210 Hudson Street, Suite 300	<input checked="" type="checkbox"/> Add
		Jersey City, NJ 07311	<input type="checkbox"/> Remove
Secretary	Patrick K. Nails	Harborside 3, 210 Hudson Street, Suite 300	<input checked="" type="checkbox"/> Add
		Jersey City, NJ 07311	<input type="checkbox"/> Remove
Vice President	Laurie Comfort	1320 Main Street, Suite 300	<input checked="" type="checkbox"/> Add
Additional Officers List Attached		Columbia, SC 29201	<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.

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

Melissa B. Gilligan

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00

(Payment via check has been received by FL SOS - see cover letter)

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SECRETARY OF STATE
 DEPARTMENT OF REVENUE
 FL

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>
Assistant Secretary	Melissa B. Gilligan	185 Asylum Street, City Place II, 16th Floor	<input checked="" type="checkbox"/> Add
		Hartford, CT 06103	<input type="checkbox"/> Remove
Assistant Secretary	Christine Cirillo	Harborside 3, 210 Hudson Street, Suite 300	<input checked="" type="checkbox"/> Add
		Jersey City, NJ 07311	<input type="checkbox"/> Remove
Asst. Vice President	Elizabeth DiChiara	Harborside 3, 210 Hudson Street, Suite 300	<input checked="" type="checkbox"/> Add
		Jersey City, NJ 07311	<input type="checkbox"/> Remove
Assistant Treasurer	Camille Wygand	Harborside 3, 210 Hudson Street, Suite 300	<input checked="" type="checkbox"/> Add
		Jersey City, NJ 07311	<input type="checkbox"/> Remove
End			
			<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.

Melissa B. Gilligan

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

Melissa B. Gilligan

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00

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FLORIDA
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