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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Q. SILAS
MAY 13 2022

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400387571554

SECREDIANCE STATE



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE					
AUTHORIZATION	Spelletenan				
COST LIMIT	: \$ 35.00				
ORDER DATE : April 24, 2022	· • • • • • • • • • • • • • • • • • • •				
-					
ORDER TIME : 1:48 PM					
ORDER NO. : 636284-010					
CUSTOMER NO: 8313277					
	· • • - • - • - • - • - • - • • • •				
CHANGE OF AGENT					
NAME: W&S UNDERWRITE	ERS, INC.				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker	EXT#				
	EXAMINER:				

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

3.

statement of char	provisions of sections 607.0502, 6 nge is submitted for a corporation to change its registered office or	organized under the law	vs of the State of <u>F</u>	lorida	
	he corporation: W&S UNDERWR				
2. The principal	office address: 6549 N. WICKHA	M ROAD UNIT 102 ME	LBOURNE, FL 32	940	
3. The mailing a	ddress (if different):		<u> </u>		
	oration/qualification: 06/62/2019	Document r	umber: P190000	48144	
5. The name and	street address of the current regis ment of State: (If resigned, enter	stered agent and registere	d office on file wit	h the	
	VINCENT C. STAZZONE				
	6549 N. WICKHAM ROAD UN	IT 102 MELBOURNE, F	L 32940		
		_		SE(711 /
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	d /or registered offi	CRETAR ALLAH/ 8	11 JAH 7311.
	Corporation Service Company			SS)	
	1201 Hays Street			in S Ed Ed	PH 1
		P.O. Box NOT acceptable			14:18:1
	Tallahassee	FL	32301	L.J.	37
The street addre	ss of its registered office and the be identical.	street address of the bu	siness office of its	registered	agent,
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has b	adopted by its board of coeen notified in writing of	lirectors or by an of the change.	officer so	
~ <i>/\/</i> /	und 1	David Tuit, Chie	ef Financial Officer	,	
Sand	e of an officer or director		ed or typed name and titl		
Corporation	the appointment as registered as comply with the provisions of a lam familiar with and accept the filed merely to reflect a chang been notified in writing of this cape, Service Company	gent and agree to act in all statutes relative to th the obligation of my pos ge in the registered offic thange.	this capacity, te proper and com ition as registered e address, I hereb	plete perfoi agent. Or y confirm ti	rmance ; if this hat the
By: Eyeuna	QUUL	05/1	2/2022		
- ∪ Sign	nature of Registered Agent	_	Date		
If signing on be	nalf of an entity:				
т	med 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)