

857908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

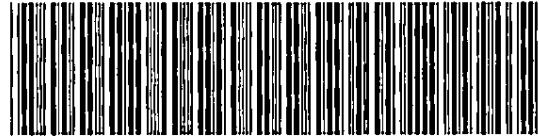
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400360500414

Name Change
Amend

02/26/21--01028--001 **35.00

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2021 FEB 26 AM 8:56

APR 29 2021
A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Advantage Workers Compensation Insurance Company

Name of Corporation

DOCUMENT NUMBER: 857908

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamera Fowler

Name of Contact Person

WCF National Insurance Company

Firm/Company

PO Box 571918

Address

Salt Lake City UT 84157-1918

City/State and Zip Code

tfowler@wcf.com

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

For further information concerning this matter, please call:

Tamera Fowler

at (385) 743-3014

Name of Contact Person

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

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)

857908

(Document number of corporation (if known))

1. Advantage Workers Compensation Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Utah

(Incorporated under laws of)

3. 9/28/1983

(Date authorized to do business in Florida)

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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? July 15, 2019

5. WCF National Insurance Company

(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>
President	Matthew B. Lyon	PO Box 571918	☒ Add
		Salt Lake City UT 84157-1918	☐ Remove
President	Ray D. Pickup	PO Box 571918	☐ Add
		Salt Lake City UT 84157-1918	☒ Remove
CEO/Dir	Ray D. Pickup	PO Box 571918	☒ Add
		Salt Lake City UT 84157-1918	☐ 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.

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

Dennis V. Lloyd
 (Typed or printed name of person signing)

Secretary
 (Title of person signing)

FILING FEE \$35.00



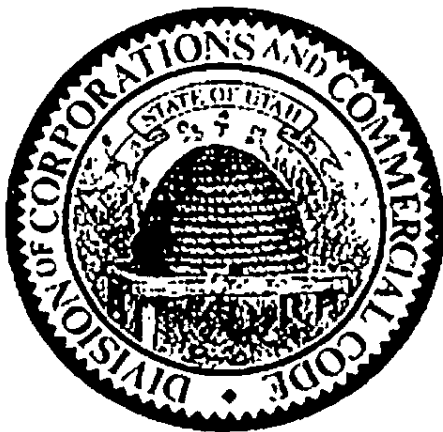
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

02/04/2021
4840216-014202042021-2248332

CERTIFICATE OF EXISTENCE

Registration Number:	4840216-0142
Business Name:	WCF NATIONAL INSURANCE COMPANY
Registered Date:	September 04, 1981
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code