## FIRECO'SW

(Re	equestor's Name)	
(Ac	ddress)	
(Address)		
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates (	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: July 7, 2017

Order#: 680884-006

Re: GREENBOX LOANS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'Hayer c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of California egistered agent, or both, in the State of Florida.	
1. The name of	the corporation: GREENBOX LOANS	S, INC.	
2. The principal			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/27/2012	Document number: F12000001344	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	INCORP SERVICES, INC.		
	17888 67 COURT NORTH		
	LOXAHATCHEE	FL 33470	
6. The name and (if changed):	d street address of the new registered  Corporation Service Company	agent (if changed) and /or registered office	
	1201 Hays Street		
	P.O. Box Tallahassee	NOT acceptable C 7.3	
		<u> </u>	
The street address changed will	ess of its registered office and the sti- be identical.	reet address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.	
Xie	E. alnie	Jill Cilmi, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm Corporation By:	"my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I	
If signing on be	half of an entity:		
	, Asst. Vice President		
	vped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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