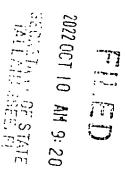
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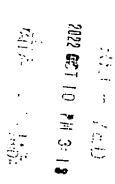
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
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	Document Number)
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:

Office Use Only



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A. BUTLER **OCT 1 1 2022**

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

ACCOUNT NO. : 12000000195				
REFERENCE : 986928 8392851				
AUTHORIZATION: Spullele man				
COST LIMIT : \$ 35.00				
ORDER DATE: October 3, 2022				
ORDER TIME : 1:23 PM				
ORDER NO. : 986928-010				
CUSTOMER NO: 8392851				
CHANGE OF AGENT				
NAME: AMERICAN FINANCING CORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
EXAMINER'S INITIALS:				

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

		17.0502, 607.1508, or 617.1508, Florida Statute, organized under the laws of the State of COLO	
		registered agent, or both, in the State of Florida	
1. The name of	the corporation: AMERICAN FINAL	NCING CORPORATION	
2. The principal	office address: 3045 Parker Road	#B Suite 100 AURORA, CO 80014	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification:	Document number:	
	d street address of the current regist rtment of State: (If resigned, enter i	tered agent and registered office on file with the resigned)	
	NRAI SERVICES, INC		
	1200 SOUTH PINE ISLAND RC	DAD	
	PLANTATION	FL 33324	202
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):			!" ! ! 2022 OCT 10
	Corporation Service Company	ج ز	1
	1201 Hays Street	ි. නිස්	ي وي
		PO Box NOT acceptable	20
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	street address of the business office of its regis	tered agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	r so
	Xie & Comi	Jill Cilmi, Vice President	
Signatu	e of an officer or director	Printed or typed name and fiffe	
I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ed I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agen e in the registered office address, I hereby conf hange.	performance t. Or, if this irm that the
By: χ	Inace 2- Kuble	10/10/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
T	yped or Printed Name		
	* * * FILIN	NG 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)