P930000 58998

<u> </u>		
(Re	equestor's Name)	
(Ac	ddress)	 .
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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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: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/051

Re: KENDALL CREDIT AND BUSINESS SERVICE, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

statement of char	nge is submitted for a corporatio	517.0502, 607.1508, or 617.1508, Florida Statutes, th n organized under the laws of the State of <u>FL</u>	us
		r registered agent, or both, in the State of Florida.	
 The name of the control of the principal of the principal of the control of the con	office address: 8500 SW 117 RD	2ND FLOOR, MIAMI, FL 33183	
· · · · · · · · · · · · · · · · · ·			
3. The mailing ac	ddress (if different): 6855 RED F	ROAD SUITE 500, CORAL GABLES, FL 33143	
		3 Document number: P93000058998	
	street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	FRIEDMAN, DAVID R		
	6855 RED RD SUITE 500		
	CORAL GABLES, FL 33143		
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered office	2020 JUL 23
	Corporation Service Company		E
	1201 Hays Street		
		P.O. Box NOT acceptable	PH
	Tallahassee	FL 32301	<u></u> .
The street addre as changed will	ss of its registered office and th be identical.	e street address of the business office of its registere	ယ ed agénit,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	•
Χċ	ee E. Coni	Jill Cilmi, Vice President	
I hereby accept I further agree I of my duties, and document is bein corporation has	e of an officer of director the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this 1 Service Company	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete per, the obligation of my position as registered agent. (ge in the registered office address, I hereby confirm change.	formance Or, if this that the
By: Draza	t-Kuby, sature of Registered Agent	07/20/2020	
Sign If signing on bel	-	Date	
Grace E. Kirby, /	Asst. Vice President		
	ped or Printed Name	_	

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