## F09000005039

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
ertified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	Office Use Or	nlv



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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: December 18, 2020

Order#: 522862-164

Re: VOYA FINANCIAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.35.

Please take the following action:

XX File in your office on a routine basis.

X \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza 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.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporation to change its registered office o	n organized under the laws	of the State of DE	_	
1. The name of t	he corporation: VOYA FINANCIA	AL, INC.		_	
	office address: NUE, NEW YORK NY 10169			_	
3. The mailing a	ddress (if different): 5780 POW	ERS FERRY ROAD NW, A	TLANTA, GA 30327-4390	_	
4. Date of incorp	oration/qualification: 12/17/200	9 Document nui	mber: F09000005039	_	
	street address of the current regitment of State: (If resigned, enter		office on file with the		
	C T CORPORATION SYSTEM	1			
	1200 SOUTH PINE ISLAND R	OAD			
	PLANTATION	FL	33324		
6. The name and (if changed):	Corporation Service Company  1201 Hays Street  P.O Box NOT acceptable				
	1201 Hays Street		21 P		
	Tallahassee	P.O Box NOT acceptable FL 3	32301 EU		
as changed will	ss of its registered office and the identical. s authorized by resolution duly board, or the corporation has		ness office of its registered age	nt.	
$\hat{\chi}$	9 00	Jill Cilmi, Vice Pre	_		
Signatur	ejot an officer or director		or typed name and title	_	
I further agrée to of my duties, and document is bein corporation has Corporation	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 n Service Company	all statutes relative to the p the obligation of my position ge in the registered office a	is capacity. proper and complete performa on as registered agent. Or, if t address, I hereby confirm that t	ıce his he	
<u>-,</u>	race 2-Kuby	12/17/2020		_	
Sign If signing on bel	ature of Registered Agent		Date		
- Grace F. Kirby	Asst. Vice President				
	ped 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)