| Entity Name: STATE BOARD OF ADMINISTRATION FINANCE CORPORATION Secretary of State 6969847308CC | | | | |
|--|---|--|---|------|
| | ICIPAL Place of Business: GE BLVD. SUITE 100 , FL 32308 | | 03030473080 | C |
| Current Mai | ling Address: | | | |
| | TAGE BLVD. SUITE 100 EE, FL 32308 US | | | |
| FEI Number | : 59-3427843 | | Certificate of Status Desired: N | 0 |
| Name and A | ddress of Current Registered Agent: | | | |
| HAZEN, MAUREEN M GENERAL COUNSEL,STATE BOARD OF ADMINISTRATION OF FLORIDA 1801 HERMITAGE BLVD.,SUITE 100 TALLAHASSEE, FL 32308 US | | | | |
| The above named | l entity submits this statement for the purpose of changing its regis | stered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURE | : MAUREEN M. HAZEN | | 02/12/ | 2021 |
| | | | 8 2 /1 2 / | 2024 |
| | Electronic Signature of Registered Agent | | Da | |
| Officer/Dire | Electronic Signature of Registered Agent | | | |
| | Electronic Signature of Registered Agent | Title | | |
| Officer/Diree | Electronic Signature of Registered Agent | Title Name | Da | |
| Officer/Dired | Electronic Signature of Registered Agent ctor Detail : DC | | Da | |
| Officer/Dire Title Name | Electronic Signature of Registered Agent ctor Detail : DC DESANTIS, RON | Name | D MOODY, ASHLEY | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL | Name Address | D MOODY, ASHLEY PL01 THE CAPTIOL | |
| Officer/Direc Title Name Address City-State-Zip: | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 | Name Address City-State-Zip: | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 | |
| Officer/Direc Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD | Name Address City-State-Zip: Title | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 D | |
| Officer/Direc Title Name Address City-State-Zip: Title Name | Electronic Signature of Registered Agent ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY | Name Address City-State-Zip: Title Name | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 D WATKINS, BEN | |
| Officer/Direc Title Name Address City-State-Zip: Title Name Address | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY PL01, THE CAPTIOL | Name Address City-State-Zip: Title Name Address | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 D WATKINS, BEN 1801 HERMITAGE BLVD, 2ND FLOOR | |
| Officer/Direc Title Name Address City-State-Zip: Title Name Address City-State-Zip: | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY PL01, THE CAPTIOL TALLAHASSEE FL 32399 | Name Address City-State-Zip: Title Name Address City-State-Zip: | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 D WATKINS, BEN 1801 HERMITAGE BLVD, 2ND FLOOR TALLAHASSEE FL 32308 | |
| Officer/Direct Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001 TD PATRONIS, JIMMY PL01, THE CAPTIOL TALLAHASSEE FL 32399 DP | Name Address City-State-Zip: Title Name Address City-State-Zip: Title | D MOODY, ASHLEY PL01 THE CAPTIOL TALLAHASSEE FL 32399-1050 D WATKINS, BEN 1801 HERMITAGE BLVD, 2ND FLOOR TALLAHASSEE FL 32308 SEC | |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600003608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GINA WILSON

TREASURER

MEYER, JOEL

OF FL

City-State-Zip: TALLAHASSEE FL 32308

STATE BOARD OF ADMINISTRATION

1801 HERMITAGE BLVD. SUITE 100

Title

Name

Address

CHIEF OPERATING OFFICER

02/12/2024

FILED Feb 12, 2024

Electronic Signature of Signing Officer/Director Detail