DOCUMENT	F# N9600003608			Feb 02, 2021
Entity Name	: STATE BOARD OF ADMINISTRATION FINA	ANCE CORPO	RATION	Secretary of State
	<b>GE BLVD. SUITE 100</b> F. FL 32308			1419976474CC
Current Mai	ling Address:			
	ITAGE BLVD. SUITE 100 SEE, FL 32308 US			
FEI Number: 59-3427843 Ce		Certificate of Status Desired: No		
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 name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, ir	n the State of Florida.
	d entity submits this statement for the purpose of changing its regis : MAUREEN M. HAZEN	stered office or regis	tered agent, or both, ir	n the State of Florida. 02/02/2021
		stered office or regis	tered agent, or both, ir	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, ir	02/02/2021
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, ir	02/02/2021
SIGNATURE Officer/Dire	MAUREEN M. HAZEN Electronic Signature of Registered Agent ctor Detail :			02/02/2021 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : DC	Title	D	02/02/2021 Date
SIGNATURE Officer/Dire Title Name	E: MAUREEN M. HAZEN Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON	Title Name	D MOODY, ASHLEY	02/02/2021 Date Y OL
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL	Title Name Address	D MOODY, ASHLEY PL01 THE CAPTI	02/02/2021 Date Y OL
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E MAUREEN M. HAZEN Electronic Signature of Registered Agent Ctor Detail : DC DESANTIS, RON PL05, THE CAPITOL TALLAHASSEE FL 32399-0001	Title Name Address City-State-Zip:	D MOODY, ASHLEY PL01 THE CAPTI TALLAHASSEE T	02/02/2021 Date Y OL
SIGNATURE Officer/Dire 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	Title Name Address City-State-Zip: Title	D MOODY, ASHLEY PL01 THE CAPTI TALLAHASSEE I D WATKINS, BEN	02/02/2021 Date Y OL
SIGNATURE Officer/Dire 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	Title Name Address City-State-Zip: Title Name	D MOODY, ASHLEY PL01 THE CAPTI TALLAHASSEE I D WATKINS, BEN	02/02/2021 Date Y OL FL 32399-1050 E BLVD, 2ND FLOOR
SIGNATURE Officer/Dire 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	Title Name Address City-State-Zip: Title Name Address	D MOODY, ASHLEY PL01 THE CAPTI TALLAHASSEE I D WATKINS, BEN 1801 HERMITAG	02/02/2021 Date Y OL FL 32399-1050 E BLVD, 2ND FLOOR

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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.

Address

City-State-Zip:

SIGNATURE: GINA WILSON

FLOOR

OF FL

City-State-Zip: TALLAHASSEE FL 32308

TREASURER

MEYER, JOEL

Address

Title

Name

Address

City-State-Zip:

ACTING FHCF COO

1801 HERMITAGE BLVD., FIRST

TALLAHASSEE FL 32308

FLOOR

02/02/2021

FILED Feb 02. 2021

Electronic Signature of Signing Officer/Director Detail

1801 HERMITAGE BLVD., FIRST

STATE BOARD OF ADMINISTRATION

1801 HERMITAGE BLVD. SUITE 100

TALLAHASSEE FL 32308

Date