The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

______________________________
Electronic Signature of Registered Agent Date

OFFICER/DIRECTOR DETAIL:

Title: PRESIDENT, DIRECTOR
Name: MOYNIHAN, BRIAN T
Address: 150 N COLLEGE ST; NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255
Title: SECRETARY
Name: GILLIAM, ALLISON L
Address: 150 N COLLEGE ST; NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255
Title: SVP
Name: PRITCHARD, JASON
Address: 150 N COLLEGE ST; NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255
Title: TREASURER
Name: MAGASINER, ANDREI G
Address: 150 N COLLEGE ST; NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

I thereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON PRITCHARD SVP 04/04/2017

______________________________
Electronic Signature of Signing Officer/Director Detail Date