

(Requestor's Name)
(Address)
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City Chata City IDb and th
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
-
Special Instructions to Filing Officer:

Office Use Only



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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: Ami Casper ami.casper@cscglobal.com

Date: March 2, 2021

Order#: 610137-012

Re: AFCO CREDIT CORPORATION

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 Please return evidence to the following:

Attn: Ami Casper

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	nge is sub		617.0502, 607.1508, on organized under th or registered agent, or	e law	vs of the State of _	New York	
1. The name of t	the cornor	ation: AFCO CREDIT	CORPORATION				
2. The principal	office add	ress: 1133 Avenue of	f the Americas, Suite	2735	i-39, New York, N	IY 10036	
3. The mailing a	ddress (if	different): c/o Katrina	D. Ramey, 200 West Se	cond	Street, 3rd Floor, V	Winston-Sale	——— ∋m, NC 27101
			60 Docum				
		dress of the current reg State: (If resigned, ente	gistered agent and regiser resigned)	stereo	d office on file wi	th the	
	C T Cor	poration System				_	
	1200 So	uth Pine Island Road				_	
	Plantatio	on		FL	33324		
6. The name and (if changed):		dress of the new regist	ered agent (if changed y	and)	l /or registered off	ice	
	1201 Ha	ys Street					
			P.O. Box NOT acceptable				
	Tallahas	see		FL	32301	- :	53
			he street address of th				ragent.
Such change was authorized by the	as authoriz ne board, o	red by resolution duly or the corporation has	adopted by its board been notified in writi	of d	irectors or by an f the change.	officer so	
Xi	ع په	aonie	Jill Cilmi, \	√ice l	President		
	re of an office				ed or typed name and tit	Ie	15.
I further agree to of my duties, an document is bei corporation has	to comply ad I am far ng filed m s been not	ntment as registered with the provisions o miliar with and accepterely to reflect a chaiffied in writing of this e Company	agent and agree to ac f all statutes relative if it the obligation of my nge in the registered of change.	t in t to the posi office	his capacity, e proper and co m tion as register <mark>ec</mark> address, I here b	plete perfo Lagent. Or ny confirm t	rmance r, if this hat the
By:	N	1 Leil	01/18/202	1			
If signing on be	_	entity:			Date		
Ami M. Casper,	Asst. Vice						

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