

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

TEXTRON FINANCIAL CORPORATION

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenge is submitted for a corporation organized under the laws of the State of Doler to change its registered office or registered agent, or both, in the State of Flor	aware	s 	
1. The name of	the corporation: Textron Financial Corporation			
	l office address: 40 Westminster Street, Providence, RI 20940			
3. The mailing	address (if different): 40 Westminster Street, Providence, RI 02940			
4. Date of incor	poration/qualification: 2/9/67 Document number: 820226			
5. The name an Florida Depa	d street address of the current registered agent and registered office on file with the atment of State:	he align	8	
	The Prentice Hall Corporation System, Inc.	至		-
	1201 Hays Street	JUL -3		
	Tallahassee, FL 32301	77 03	₽	
6. The name an (if changed):	d street address of the new registered agent (if changed) and for registered office	STATE	9: 25	C
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptable) Plantation, Florida 33324			
Such change we authorized by the (Signal I hereby accept I further agrees of my duties, and document is becorporation has by:	ess of its registered office and the street address of the business office of its reliable identical. as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. Kristen Betzer Vice Presidents of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed and familiar with and accept the obligation of my position as registered agent notified merely to reflect a change in the registered office address, I hereby as been notified in writing of this change. C.T. Corporation System (a) 30 08 (Date)	ficer so ger ent		
	thalf of an entity: TRACI HOUCK			
	Typed or Printed Nume)			
	* * * FILING FEE: \$35.00 * * *			
М	Make checks payable to Florida Department of State Ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 323	14		

FL006 - 09/14/2085 C T System Online

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