## 847836

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(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: June 23, 2020

Order#: 325802-061

Re: BARCLAYS CAPITAL INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Connecticut</u> in order to change its registered office or registered agent, or both, in the State of Florida.

BARCLAYS CAPITAL INC. 1. The name of the corporation:

- 2. The principal office address: 745 Seventh Avenue, New York, NY 10019
- 3. The mailing address (if different):
- 4. Date of incorporation/qualification: <u>12/31/1980</u> Document number: \_\_\_\_847836
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	C T Corporation System	
	1200 S. Pine Island Road	
	Plantation	FL 33324
. The name ar (if changed)	•	agent (if changed) and /or registered office
	Corporation Service Company	

P.O Box NOT acceptable

FL 32301 Tallahassee

The street address of its registered office and the street address of the business office of its registered agei as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill Cilmi, Vice President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service, Company

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By:	Ceri	mlei	/
	Signat	ure of Registered A	çent

06/23/2020

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)