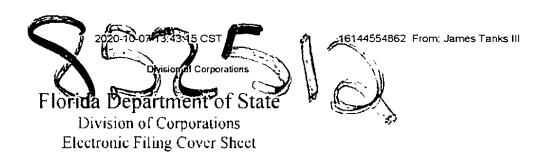
10/7/2020



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE CREDIT AGRICOLE SECURITIES (USA) INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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

		12, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of New Y	
		ered agent, or both, in the State of Florida	
1. The name of the com	poration: CREDIT AGRICOLE SI	ECURITIES (USA) INC.	
2. The principal office	address: 1301 AVENUE OF THE A	MERICAS NEW YORK, NY 10019	<del></del>
2. The principal diffice	duiess.		
3. The mailing address	(if different): 1301 AVENUE OF	THE AMERICAS Attn: CFO NEW YORK,	NY 10019
4. Date of incorporation	v/qualification: 04/08/1982	Document number: 852512	
5. The name and street Florida Department of	address of the current registered a of State: (If resigned, enter resign	gent and registered office on file with the	<del>_</del>
Corpo	ration Company of Miami		
200 Sc	outh Biscayne Boulevard, Suite 410	)	1
Miami	, FL 33131		د
6. The name and street (if changed);	address of the new registered agen	at (if changed) and /or registered office	<u> </u>
СТС	orporation System		
1200 \$	outh Pine Island Road		,
<del></del>	P.O. Box	NOT acceptable	
Plantai	ion, Florida 33324		
		address of the business office of its regis	
Such change was authorized by the board	rized by resolution duly adopted t, or the corporation has been no	by its board of directors or by an officer iffied in writing of the change.	so
		Attila Coach, Deputy CEO	
C T Corporation System  Clean  Signature of F	odiniment as registered agent and ly with the provisions of all stationally with the provisions of all stationally with the oblimate with and accept the oblimate with a change in the otified in writing of this change.  Mark Holloway Assistant Secretary legistered Agent	Pinted or typed name and bilc I agree to act in this capacity, ties relative to the proper and complete p gation of my position as registered agent registered office address. I hereby confi	verformane Or if thi Irm that th
If signing on behalf of a			
Typed or Pr			
	* * * FILING FE	·	
MAIL TO:	MAKE CHECKS PAYABLE TO FLO DIVISION OF CORPORATIONS, P.	RIDA DEPARAMENT OF STATE  O. BOX 6327, TALLAHASSEE, FL 32314	

FLEGS 00/19/2020 Wol ers Klywer Unize

CR2E045 (04/13)

By: