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

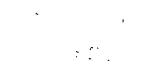
Office Use Only



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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: June 23, 2020

Order#: 325802-149

Re: BARCLAYS SERVICES 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

QUCA.XCOA

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

statement of cha	nge is suhn	nitted for a corporati	, 617.0502, 607.1508, or 61 ion organized under the law or registered agent, or both	s of the State of Del	aware
1. The name of t	he comorat	ion: BARCLAYS SE	ERVICES CORPORATION	I	
2. The principal	office addr	745 Seventh Av	venue, New York, NY 100	19	
3. The mailing a	ddress (if d	ifferent):			
4. Date of incorp	oration/qua	alification: 02/28/20	Document n	umber: <u>F000000010</u>)53
		ess of the current re ate: (If resigned, ent	gistered agent and registered er resigned)	d office on file with th	ne
	C T Corpe	oration System			6 .1
	1200 South Pine Island Road				
	Plantation		FL	33324	:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation	on Service Compan	ıy		<u>မှ</u>
1201 Hays Street P.O. Box NOT acceptable					
The street addre	ess of its re be identica	gistered office and tall.	the street address of the bu	siness office of its re	gistered ager
Such change was authorized by th	as authorize ne board, o	ed by resolution dul r the corporation ha	y adopted by its board of d s been notified in writing o	lirectors or by an offi of the change.	cer so
Xie) ع ،	Oni	Jill Cilmi, Vice F	President	
I hereby occept I further agree to of my duties, an document is bei	to comply want I am fam Ing filed me Ing been notif	tment as registered vith the provisions o iliar with and accep rely to reflect a cha ied in writing of thi	agent and agree to act in the state of all statutes relative to the obligation of my positions in the registered officients.	e proper and comple	te performan gent. Or, if th onfirm that th
By: (A)	mi	ei	06/23/2020		
	nature of Regis	stered Agent		Date	
If signing on be	half of an e	entity:			
Ami M. Casper, T	Asst. Vice		_ _		

* * * 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)