F0000006274

| (Requ | iestor's Name) | | |
|---|----------------|-------|--|
| (Addr | ess) | | |
| (Addr | ess) | | |
| (City/s | State/Zip/Phor | ne #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | ness Entity Na | me) | |
| (Docu | ıment Number |) | |
| Certified Copies | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |





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01/25/17--01014--004 **35.00

LT:CHMT SCHWILLUG

JAN 31 2017 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: January 23, 2017

Order#: 467454-004

Re: SENTRY CREDIT, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 BOTH FOR CORPORATIONS

| statement of cha | ange is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, n organized under the laws of the State of WA registered agent, or both, in the State of Florida. | this | - | |
|--|--|---|-----------------|---|--|
| 1. The name of | the corporation: SENTRY CREDI | T, INC. | | | |
| | office address: D AVE EVERETT WA 98201 | | | | |
| | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 11/06/200 | 0 Document number: F00000006274 | | | |
| | d street address of the current registrement of State: (If resigned, enter | stered agent and registered office on file with the | | | |
| | C T CORPORATION SYSTEM | | | | |
| | 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 Service Company | | | | | |
| | Corporation Service Company | | | 7.65 7.87 7.87 7.87 7.87 7.87 7.87 7.87 7.8 | |
| | 1201 Hays Street | | AM 12: 4 | - 불년 - 보건는 | |
| | P.O.3 Tallahassee | Box NOT acceptable FL 32301 | 4 | | |
| | | | 7 | ř | |
| The street address changed will | ess of its registered office and the be identical. | e street address of the business office of its registe | red age | nt, | |
| Such change wa authorized by the | as authorized by resolution duly a ne board, or the corporation has b | adopted by its board of directors or by an officer speen notified in writing of the change. | 0 | | |
| Xie | 2 agree | Jill Cilmi, Vice President | | | |
| Signatu | ire of an officer or director | Printed or typed name and title | | - | |
| I further agree performance of agent. Or, if th hereby confirm | to comply with the provisions of a my duties, and I am familiar with | gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as regi. to reflect a change in the registered office addres otified in writing of this change. | stered ss, I | | |
| ~ Y/ | re Cokubi | 01/20/2017 | | | |
| | nature of Registered Agent | Date | | - | |
| If signing on be | half of an entity: | | | | |
| Grace E. Kirby | , Asst. Vice President | | | | |
| T | yped or Printed Name | - | | | |

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