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| (/ 10 | 141033) | |
| (Cit | ty/State/Zip/Phone | e #) |
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| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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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: March 3, 2021

Order#: 610139-250

Re: PRIME RATE PREMIUM FINANCE CORPORATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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.

OUCA.XCOA

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

| statement of ch | provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or | organized under the lav | vs of the State of _ | South Carolina | | |
|---|--|---|---|---|--|--|
| 1. The name of | the corporation. PRIME RATE PR | EMIUM FINANCE CO | RPORATION, INC | C . | | |
| 2. The principal | The name of the corporation: PRIME RATE PREMIUM FINANCE CORPORATION, INC. The principal office address: 2141 Enterprise Drive, Florence, SC 29501 | | | | | |
| 3. The mailing: | address (if different): c/o Katrina D. F | Ramey, 200 West Second | Street, 3rd Floor, \ | Winston-Salem, NC 2710 | | |
| | poration/qualification: 10/30/2002 | | | | | |
| | d street address of the current regist artment of State: (If resigned, enter r | | d office on file wi | th the | | |
| | C T Corporation System | | | | | |
| | 1200 South Pine Island Road | | | در این از ا | | |
| | Plantation | FL | 33324 | . P | | |
| 6. The name an (if changed): | d street address of the new registere Corporation Service Company | d agent (if changed) and | d /or registered off | ice . F | | |
| | 1201 Hays Street | | | - | | |
| | P.O. Box NOT acceptable | | | | | |
| | Tallahassee | FL | 32301 | | | |
| The street addr as changed wil | ess of its registered office and the ellipse identical. | street address of the bu | siness office of it | s registered agent, | | |
| Such change wanthorized by t | as authorized by resolution duly ache board, or the corporation has be | lopted by its board of d en notified in writing o | lirectors or by an of the change. | officer so | | |
| Xi | re E a Onic | Jill Cilmi, Vice | President | | | |
| Signati | ure of an officer or director | Printe | ed or typed name and tit | de | | |
| l further agree of my duties, ar document is be corporation ha | t the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch in Service Company | ll statutes relative to the ne obligation of my posi n in the registered office | this capacity. e proper and com ition as registered e address. I hereb | plete performance Lagent. Or, if this by confirm that the | | |
| By: | um Lei | 01/18/2021 | | | | |
| Sig | gnature of Registered Agent | | Date | | | |
| If signing on be | chalf of an entity: | | | | | |
| Ami M. Casper, | , Asst. Vice President | | | | | |
| <u> </u> | Typed or Printed Name | | | | | |

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