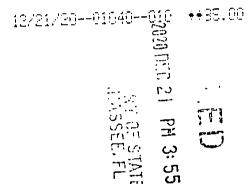
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(R	equestor's Name)				
(Ad	ddress)				
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Nam	ne)			
(Document Number)					
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pecial Instructions to Filing Officer:					
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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: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 18, 2020

Order#: 522862-338

Re: VOYA SERVICES COMPANY

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.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

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 BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corp	0502, 617.0502, 607.1508, or 6 poration organized under the la office or registered agent, or bo	nvs of the State of DE	
 _	the corporation: VOYA SEF			
2. The principal	office address: S FERRY ROAD NW, ATL			
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualification: 04/0	Document Document	number: F050000021	04
	d street address of the curre rtment of State: (If resigned	ent registered agent and register d, enter resigned)	ed office on file with th	ie
	C T CORPORATION SY	YSTEM		
	1200 SOUTH PINE ISLA	AND ROAD		
	PLANTATION	FL	33324	
6. The name and (if changed):	d street address of the new a	registered agent (if changed) an	nd /or registered office	~ ?
	1201 Hays Street) 1020 C
	12011101001001	P.O. Box NOT acceptable) JEO
	Tallahassee	FL	32301	2
-		and the street address of the bi		
Such change wa authorized by the	as authorized by resolution he board, or the corporation	n duly adopted by its board of on has been notified in writing	directors or by an office of the change.	iger s an
	Line & Comi	Jill Cilmi, Vice	President	
Ŭ ,	re of an officer or director		ited or typed name and title	
I further agree : of my duties, an document is bei corporation has	Hhe appointment as regist to comply with the provising I am familiar with and a ing filed merely to reflect as been notified in writing a Service Company	ered agent and agree to act in ons of all statutes relative to th accept the obligation of my pos a change in the registered offic of this change.	this capacity, he proper and complet sition as registered ag ce address, I hereby co	e performance ent. Or, if this onfirm that the
By: Dic	ace Cokuble	12/17/2020		
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
	Asst. Vice President			
'['	yped or Printed Name			
	* * 1	* FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314