## F04000001875

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	SIG Financing, Inc.	
SUBJECT:	Name of Corp	oration
	F06000001875	
DOCUMENT NUM	IBER:	
The enclosed Statem	ent of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all corr	respondence concerning this matter to	the following:
	Celeste A. Stellabott	
	Name of Contac	et Person
	Nume of Contact	. 1 6.56.1
Susquehanna International Group, LLP		
Firm/Company		
401 City Avenue, Suite 220		enue, Suite 220
Address		
	Bala Cynwyd, PA	19004
_	City/State and Z	Zip Code
	celeste.stellabott@	sig.com
Ī	E-mail address: (to be used for futu	re annual report notification)
For further information	ion concerning this matter, please call:	
Celeste A. Stellabott	a	484-562-1255  It (_) Name of Contact Person  Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departme	nt of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

•	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this racorporation organized under the laws of the State of <u>Delaware</u>	
•	tered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:	SIG Financing, Inc.	_
2. The principal office address:	555 South Federal Highway. Suite 400  Boca Raton, FL 33432	
3. The mailing address (if different)	):	
4. Date of incorporation/qualification	on: 3/23/2006 Document number: F06000001875	
5. The name and street address of the Florida Department of State: (If r	ne current registered agent and registered office on file with the resigned, enter resigned)	
	Autumn Nesbeth (Resigned)	
, <u></u>	555 South Federal Highway, Suite 400	
	Boca Raton, FL 33432	
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered office	
	SIG Holding, Inc.	,-
	555 South Federal Highway, Suite 400	
	P.O. Box NOT acceptable Boca Raton, FL 33432	TARY OF THE PARTY
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered ag	ent,Eigh
Such change was authorized by reauthorized by the board, or the con	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.	7 æ
Rue S	Brian Sullivan, Treasurer	
I further agree to comply with the performance of my duties, and I agent. Or if this document is being	s registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I on has been notified in writing of this change.	
Brian Sullivan, Treasurer Typed or Printed Name		

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