FOLOCO DUTOI

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE FEB 2 8 2023				

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 521564 8406074					
AUTHORIZATION: Some Seleman					
COST LIMIT : \$ 35.00					
ORDER DATE : February 23, 2023					
ORDER TIME : 1:29 PM					
ORDER NO. : 521564-004					
CUSTOMER NO: 8406074					
CHANGE OF AGENT					
NAME: CAC ACCEPTANCE CORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the	State of TEXAS		
1. The name of t	he corporation: CAC ACCEPTANCE CO	ORPORATION			
	office address: 3673 WESTCENTER D				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/23/2006	Document number: _	F06000006707		
	street address of the current registered a tment of State: (If resigned, enter resigne		on file with the		
	NRAI SERVICES, INC	<u>-</u>			
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324			
6. The name and (if changed):	street address of the new registered ages	nt (if changed) and /or regis	stered office		
			23 F		
P.O. Box NOT acceptable					
	Tallahassee	FL 32301			
The street addre as changed will	ss of its registered office and the street be identical.	address of the business of	fice of its registered agent.		
Such change wa authorized by th	s authorized by resolution duly adopted board, or the corporation has been no	by its board of directors tified in writing of the cha	or by an officer see		
	e of an officer or director	Jill Cilmi, Vice Presiden			
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent an ocomply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	utes relative to the proper igation of my position as r e registered office address	icity. Guid complete performance		
By: <u> </u>	OCE CTVOL	02/27/2023	 		
If signing on bel	(Date			
	Asst Vice President ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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