F07000003328

(Rei	questor's Name)	
(re-	questor s mame)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		:





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RACh8

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	SIG Financial Holdings,	Inc.
SUBJECT	Name of Corp	oration
	F07000003328	
DOCUMENT NU	MBER:	
The enclosed States	ment of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all con	rrespondence concerning this matter to	the following:
	Celeste A. Stellabott	
_	Name of Contac	et Person
		ernational Group, LLP
	Firm/Comp	
-	A very more than the company and a second se	enue, Suite 220
_	Address	3
	Bala Cynwyd, PA	19004
	City/State and Zip Code	
	celeste.stellabott@	sig.com
	E-mail address: (to be used for futu	re annual report notification)
 For further informa	ation concerning this matter, please call:	:
Celeste A. Stellabott	: a a	484-562-1255 at (_) Name of Contact Person Area Code & Daytime Telephone Numbe
Enclosed is a \$35.0	00 check made payable to the Departme	nt of State.
•	Mailing Address: Amendment Section	Street Address: Amendment Section
,	Division of Corporations	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

statement of change is subm	sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this steed for a corporation organized under the laws of the State of <u>Delaware</u> s registered office or registered agent, or both, in the State of Florida.
1. The name of the corporati	on: SIG Financial Holdings, Inc.
2. The principal office addre	SS: 555 South Federal Highway. Suite 400 Boca Raton, FL 33432
3. The mailing address (if di	ferent):
4. Date of incorporation/qua	ification: 6/29/2007 Document number: F07000003328
	ss of the current registered agent and registered office on file with the te: (If resigned, enter resigned) Nesbeth, Autumn (Resigned)
	555 South Federal Highway, Suite 400
	Boca Raton, FL 33432
6. The name and street addre (if changed):	ess of the new registered agent (if changed) and /or registered office
	SIG Holding, Inc.
	555 South Federal Highway, Suite 400
	SIG Holding, Inc. SIG Holding, Inc. 555 South Federal Highway, Suite 400 P.O. Box NOT acceptable Boca Raton, FL 33432
	istered office and the street address of the business office of its registered agent, I by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or	the corporation has been notified in writing of the change.
Signature of an officer of	Brian Sullivan, Treasurer Printed or typed name and title
I harahy accept the appoint	ment as registered agent and agree to act in this capacity. ith the provisions of all statutes relative to the proper and complete ind I am familiar with and accept the obligation of my position as registered is being filed merely to reflect a change in the registered office address, I position has been notified in writing of this change.
Signature of Registe	red Agent Date
If signing on behalf of an e	
Brian Sullivan, Treasurer	
Typed or Printed	Name

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