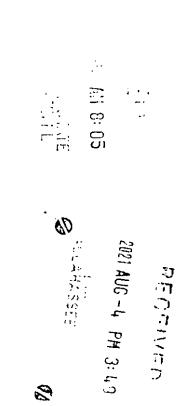


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCOUN	IT NO.	:	1200000001	95	
		REFE	RENCE	:	943138		
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N <i>P</i>	ME:	HARTFOR	D FUNDI	.NG,	P.LD.		
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EXAMINER'S INITIALS:

f i

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

statement of cha	provisions of sections 607,0302, 61 inge is submitted for a corporation r to change its registered office or i	organized under the lav	vs of the Ste	ate of N	lew York	
1. The name of t	he corporation: HARTFORD FUND	DING, LTD.				
2. The principal	office address: 100 Crossways Par	rk Drive West Suite 30	2, Westbur	y, NY, 1	1797	
~	ddress (if different):					
4. Date of incorp	poration/qualification: 03/25/2010	Document i	number: F	1000000	)1488	
	I street address of the current registe tment of State: (If resigned, enter re		d office on	file with	the	
	REGISTERED AGENT SOLUTION	ONS, INC.	_			
	155 OFFICE PLAZA DR STE A					
	TALLAHASSEE	FL	32301			
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	l/or registe	ered offic	e	
	Corporation Service Company	<del> </del>				
	1201 Hays Street					
	Tallahassee	O. Box NOT acceptable FL	32301	· ·		
•	ss of its registered office and the s be identical.					
Such change wa authorized by th	is authorized by resolution duly ac e board, or the corporation has be	lopted by its board of d en notified in writing o	lirectors or of the chang	by an olge.	fficer so	
	Lu & agui	Jill Cilmi			Vice Pre	esident
l further agree t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch I Service Company	ent and agree to act in a Il statutes relative to the e obligation of my pos- in the registered office	e proper ai ition as reg	ty. id comp istered i	lete perfe agent, O	ormance or, if this that the
By: <u>Draz</u>	2 C-Kubl	08/04/2021	Doro			
_	naure of Registered Agent		Date			
	Asst. Vice President					
	ped or Printed Name					

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