F12000000850

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SEP 0 1 2021 LALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 977256 7524948

- Jane

AUTHORIZATION

COST LIMIT : 4 35.00

ORDER DATE : August 26, 2021

ORDER TIME : 4:29 PM

ORDER NO. : 977256-011

CUSTOMER NO: 7524948

CHANGE OF AGENT

NAME: BEAL BANK USA

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, mge is submitted for a corporati or to change its registered office	on organizea	l under the lav	vs of the State of <u>N</u>	<u> </u>	is 	
1. The name of t	the corporation: BEAL BANK US	SA					
2. The principal							
3. The mailing a	address (if different): 6000 LEGA	CY DRIVE	PLANO, TX 7	5024			_
	poration/qualification: 02/27/20				00850		_
	I street address of the current reg rtment of State: (If resigned, ento		t and registere	d office on file with	the	2	
	C T CORPORATION SYSTE	М				2021 AUG	. 12
	1200 SOUTH PINE ISLAND ROAD					11163	
	PLANTATION, FL 33324					 יים:	ij
6. The name and (if changed):	I street address of the new regist	ered agent (i	f changed) and	l /or registered offic	e S	ām 10: 10	122
	Corporation Service Company	<u> </u>					
1201 Hays Street PO Box NOT acceptable							
	Tallahassee		FL	32301			
The street address changed will	ess of its registered office and the identical.	ne street add	ress of the bu	siness office of its i	registered	d agent,	
Such change was authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by been notifie	its board of ded in writing o	lirectors or by an of the change.	fficer so		
\times	2 00	Jill	l Cilmi, Vice P	resident			
Contact Contac	re of an officer de decomposition	_	Printe	ed or typed name and title			
l further geree i of my dulies, an document is bei corporation has	the appointment as registered of the comply with the provisions of all am familiar with and accepting filed merely to reflect a chair been notified in writing of this a Service Company	f all statutes t the obligat age in the re change.	relative to the ion of my post gistered office	this capacity, e proper and comp ition as registered o e address, I hereby	lete perfo agent, O confirm	ormance br. if this that the	
BK: TVÖ	nature of Registered Agent	<u>)·</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/27/2021	Date			
_	half of an entity:	/					
-	Asst. Vice President						
	oped or Printed Name						

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