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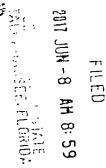
| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| , , , , , , , | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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06/08/17--01014--013 **35.00



C. GOLDEN
JUN 1 3 2017



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: June 6, 2017

Order#: 659950-045

Re: UNIVERSITY ISLAMIC FINANCIAL CORPORATION

Enclosed please find:

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | nge is submitted for a corporation | (17,0502, 607,1508, or 617,1508, Florida A organized under the laws of the State of Pregistered agent, or both, in the State of | MICHIGAN |
|--|--|--|------------------------------------|
| | | AMIC FINANCIAL CORPORATION | |
| 2. The principal | | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorporation/qualification: 02/28/2012 Document number: F1200 | | | 000909 |
| | street address of the current regis tment of State: (If resigned, enter | stered agent and registered office on file vresigned) | vith the |
| | C T CORPORATION SYSTEM | | |
| | 1203 GOVERNORS SQUARE E | BLVD | 201 FAC |
| | TALLAHASSEE | FL 323012960 | FIL 2017 JUN - 8 ALL JARASSE |
| 6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed): | | | |
| | Corporation Service Company | | - C081 - 66 |
| | 1201 Hays Street | | 10,4 10,4 10,4 |
| P.O. Box. NOT acceptable | | | |
| | Tallahassee | FL 32301 | - |
| The street addre | ess of its registered office and the be identical. | street address of the business office of i | ts registered agent. |
| Such change was authorized by th | is authorized by resolution duly a ne board, or the corporation has b | idopted by its board of directors or by an seen notified in writing of the change. | officer so |
| Xe | e E. liQue | Jill Cilmi, Vice President | |
| I hereby accept I further agree (performance of agent. Or, if the hereby confirm | to comply with the provisions of a my duties, and I am familiar with | Printed or typed name and to gent and agree to act in this capacity, all statutes relative to the proper and con i and accept the obligation of my position to reflect a change in the registered offi- tified in writing of this change. | mplete m as registered |
| By: Dro | co CKubly | 06/05/2017 | |
| Sigi | nature of Registered Agent | Date | |
| It signing on be | half of an entity: | | |
| Grace E. Kirby, | Asst. Vice President | | |
| T | sped or Printed Name | - | |

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