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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organization in order to change its registered office or registered.	nized under the laws of th	e State of Penn	sylvania	
The name of the corporation: Figure Fi				
2. The principal office address: 700 Locust Street A4	Philiadelphi		19106	
3. The mailing address (if different): Post Office Box 1017	Havertown	PA	19083-1017	
4. Date of incorporation/qualification: October 18, 2	tober 18, 2012 Document number:		F12000004258	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resign		e on file with the		
Corporation Ser	vice Company			
1201 Hays	Street			
Tallahassee, FL	32301-2525	74-TE-1	14 14	
6. The name and street address of the new registered age (if changed): National Corporate Res			UCI ZB CRETARY LAHASSE	
155 Office Plaza Drive		<u> </u>	OF ST E. FLC	
Tallahassee, FL 3230	•		OF STATE E. FLORIDA	
The street address of its registered office and the street as changed will be identical.	address of the business	office of its regis	tered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no				
Andrelani	Akber Pabani			
Signature of an other or director	•	name and title		
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to ref hereby confirm that the corporation has been notified i	nd agree to act in this cap tutes relative to the prope accept the obligation of n lect a change in the regis in writing of this change.	oacity. er and complete ny position as rej lered office addi	zistered ess, I	
Acarfora	10/22/14			
Signature of Registered Agent	Dai	te		
If signing on behalf of an entity:				

Sean Honan, Assitant Secretary

Typed or Printed Name

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