## F/300001276

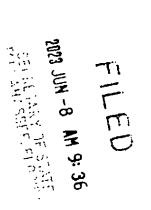
| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT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



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A. RAMSEY
JUN 0 9 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 778471 8312234 AUTHORIZATION : COST LIMIT : \$ 35,00 ORDER DATE: May 31, 2023 ORDER TIME : 9:17 AM ORDER NO. : 778471-004 CUSTOMER NO: 8312234 CHANGE OF AGENT NAME: MULTI FUNDING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

| statement of cha  | nge is submitted   | ions 607.0502, 617<br>for a corporation o<br>gistered office or r  | organized under th   | ne law.            | s of the State o             | of <u>NY</u>   |
|---|--|--|--|--------------------|------------------------------|--|
| 1. The name of t  | he corporation:  | MULTI FUNDING  | G USA, INC.  |                    |                              |  |
| 1. The name of the corporation:  MULTI FUNDING USA, INC.  62 Mill Hill Road Woodstock, NY 12498 |  |  |  |                    |                              |  |
| 3. The mailing a  | ddress (if differe   | nt):   |  |                    | ••••                         |  |
| 4. Date of incorp   | oration/qualifica  | tion: 03/22/2013   | Docun  | ient ni            | umber:F130                   | 000001276  |
|   |  | the current registe<br>f resigned, enter re  |  | istered            | l office on file             | with the   |
|   | C T CORPORA  | ATION SYSTEM   |  |                    |                              |  |
| 1200 SOUTH PINE ISLAND ROAD   |  |  |  |                    |                              |  |
|   | PLANTATION   |  |  | FL                 | 33324                        | <b>2023</b>  |
| 6. The name and (if changed):   | PLANTATION  FL 33324  street address of the new registered agent (if changed) and /or registered office  Corporation Service Company |  |  |                    |                              |  |
|   | - <u>·</u>   |  |  |                    |                              | — For st   |
| 1201 Hays Street PO. Box. NOT acceptable  |  |  |  |                    |                              |  |
|   | Tallahassee  |  | ·  |                    | 32301                        |  |
|   |  |  |  |                    |                              | f its registered agent,  |
| Such change wa<br>authorized by th  | is authorized by<br>ie board, or the c   | resolution duly ad<br>orporation has be  | opted by its board<br>en notified in writ                      | d of di<br>ting of | irectors or by f the change. | an officer so  |
| م عنبلا   | Qui  |  | Ji   | i <b>ll</b> Cilm   | ni, Vice F                   | President  |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is bein<br>corporation has | to comply with the<br>d I am familiar with the<br>ng filed merely to<br>been notified in   | as registered age<br>ne provisions of al<br>with and accept th<br>o reflect a change<br>writing of this ch | l statutes relative<br>e obligation of my<br>in the registèred | ct in to<br>to the | e proper and c               | complete performance<br>ered agent. Or, if this<br>reby confirm that the |
| By: L)  | n Service Con  | o<br>o   | 06/07/2023   | 3                  |                              |  |
|   | nature of Registered A   | gelqi  |  |                    | Date                         |  |
| If signing on be  | half of an entity:   |  |  |                    |                              |  |
|   | . Asst. Vice Pres  | sident   |  |                    |                              |  |

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