Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000343589 3)))



H240003435893ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

- 1	$\sim$	
	v	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

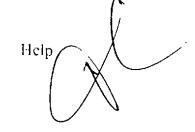
Email	Address:	
-------	----------	--

## REGISTERED AGENT CHANGE SIGNATURE PUBLIC FUNDING CORP.

Certificate of Status	()
Certified Copy	1
Page Count	02
Estimated Charge	843.75

Electronic Filing Menu

Corporate Filing Menu



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

in orde	er to change its registered office or r	organized under the laws of the State of $\underline{N}$ egistered agent, or both, in the State of $F$	
1. The name of	the corporation: SIGNATURE PUBL	JC FUNDING CORP.	<del></del>
	office address:		
100 Duffy Aven	ne, Snite 310 Hicksville, NY 11801		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 5/4/2015	Document number: F1500000	1901
	I street address of the current registe tment of State: (If resigned, enter re	red agent and registered office on file wit signed)	th the
	Corporation Service Company		
	1201 Hays Sucet		
	Tallahassee, F1, 32301		
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered ofli	2024 OCT 14
	C T Corporation System		
	1200 South Pine Island Road		
		O. Box NOT acceptable	AH SSE
	Plantation, Florida 33324		- π <sub>0</sub> σο €
The street addre as changed will	ess of its registered office and the st be identical.	treet address of the business office of its	registered weent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an can notified in writing of the change.	officer so
∜/ Laura 1	K. Coleman	Laura K. Coleman	
Signatili	c of an officer or director	Printed or typed name and till	ē
I further agree I of my duties, an document is bei corporation has	to comply with the provisions of all defending the description with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity.  Istaintes relative to the proper and composition as registered in the registered office address, I herebyinge.	plete performance agent. Or, if this v confirm that the
C T Corporation	System System As mature of Registered Agent	10/10/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Sean L Emerick.	Assistant Secretary		
Ty	ped or Printed Name		
	* * * FILING	7 FEE: \$35.00 * * *	
Ma		FLORIDA DEPARTMENT OF STATE 88, P.O. BOX 6327, TALLAHASSEE, FL 3.	2314

EL 006 - 06/19 2020 'A offert Kilover Online

CR2E045 (04/13)

By: