

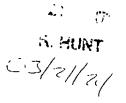
(Requestor's Name)	
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PICK-UP WAIT MA	.IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Changle legterations to Filing Officer	
Special Instructions to Filing Officer:	

Office Use Only









CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : \$59855 8283

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 11, 2024

ORDER TIME : 8:31 AM

ORDER NO. : 359855-009

CUSTOMER NO: 8283263

CHANGE OF AGENT

NAME: DELMAR FINANCIAL COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 60 corporation organized red office or registered	under the law	s of the Stat	e of MO		
1. The name of t	he corporation: DELM	MAR FINANCIAL COM	PANY				
	office address:	E 100 ST. LOUIS, MC	0 63141				
3. The mailing a	ddress (if different): _					·	
4. Date of incorp	ooration/qualification:	10/05/2015	_ Document n	umber: F1	50000044	37	
	I street address of the c tment of State: (If resi	current registered agent igned, enter resigned)	and registered	l office on f	ile with the	2	
	BUSINESS FILINGS	S INCORPORATED					
	1200 SOUTH PINE	ISLAND ROAD					
	PLANTATION		FL	33324			
6. The name and (if changed):	l street address of the i	new registered agent (if	changed) and	/or register	ed office	7-7.	
	Corporation Service	Company			:S C:	>	
	1201 Hays Street				S -	NH 10: 56	F
		P.O. Box NO	•	2222	HE PER	56	
	Tallahassee		FL_	32301			
The street addre as changed will	ess of its registered of be identical.	fice and the street addi	ress of the bus	iness office	of its reg	istered	agent.
Such change wa authorized by th	is authorized by resolue board, or the corpo	ution duly adopted by ration has been notifie	its board of di d in writing o	irectors or b	y an offic e.	er so	
/S/ Jill Cilmi				lill Cilmi,	Vice Pro	esident	t
•	e of an officer or director			d or typed name			
l further agree t of my duties, an document is bei corporation has	the appointment as re o comply with the pro of am familiar with c ng filed merely to refl been notified in writ n Seryice Compar	egistered agent and ag ovisions of all statutes and accept the obligati lect a change in the res ing of this change. NY	ree to act in to relative to the on of my posio gistered office	his capacity proper and tion as regi address, I	e d complete stered age hereby con	e perfoi nt. Or nfirm ti	rmance if this hat the
<u>ву: Х)ла</u>			03/19/2024				
_	nature of Registered Agent \ half of an entity:	•		Date			
	Asst. Vice President						
	rped or Printed Name						
		* * * FILING FEE: S	835.00 * * *				