## F1500005529

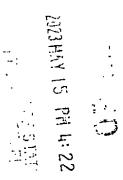
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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05/15/23--01018--017 \*\*°5.00



ARCOLL

JUL 19 2023

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
	ECT: Citation Finance Co., Inc. of Corporation	
DOCI	UMENT NUMBER: F15000005529	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Kevin	Kennedy	
Name	of Contact Person	<del></del>
3H Co	rporate Services, LLC	
Firm/0	Company	<del></del>
36 Lor	ng Alley	
Addre	ess	<del></del>
Sarato	ga Springs, NY 12866	
City/S	State and Zip Code	
	sosfilings@3hcs.com	
E-ma	il address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
Kevin	Kennedy	at (518 ) 583-0639 x 133  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Si anized under the laws of the State of $\frac{N}{N}$	ew Jersey			
		istered agent, or both, in the State of Fl	orida.			
	the corporation: Citation Finance Co., Ir					
2. The principal	2. The principal office address: 955 EXECUTIVE PARKWAY, STE 216ST. LOUIS, MO 63141					
3. The mailing a	uddress (if different):					
4. Date of incorp	4. Date of incorporation/qualification: 12/14/2015 Document number: F15000005529					
5. The name and		dagent and registered office on file with				
	NRAI SERVICES, INC.					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL 33324					
6. The name and (if changed):	i street address of the new registered a	gent (if changed) and /or registered offi	2323 HAY 15			
	3H Agent Services, Inc.		N. T.			
	1415 Panther Lane, Suite 327		. 12			
	P.O.	Box NOT acceptable	구			
	Naples, Florida 34109		PH 4:			
		et address of the business office of its				
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an on notified in writing of the change.	fficer so			
Signatur	re of an officer or director	JAMES MASTONALI Printed or typed name and title	fres.			
I further agree i of my duties, an document is bei	d I am familiar with and accept the o	atutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby	agent. Or. if this			
916	eil blat	5/3/2023				
, ,	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Beth Harker						
T	yped or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)