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

	ACCOUNT NO.	: 12000	0000195	
	REFERENCE	: 69510	7 8380272	
	AUTHORIZATION	: ,	Val.	•
	COST LIMIT	: 6495	Selenan	
ORDER DATE :	May 19, 2022		,	
ORDER TIME :	9:18 AM			
ORDER NO. :	695107-007			
CUSTOMER NO:	8380272			
				.
	CHANGE OF A	GENT		
NAME:	COMMERCIAL IN INC.	DUSTRIAL	FINANCE,	
PLEASE RETURN	THE FOLLOWING AS	PROOF OF	FILING:	
	FIED COPY STAMPED COPY			
CONTACT PERSON	N: Eyliena Baker			

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502. (nge is submitted for a corporation r to change its registered office of	n organized under the law	s of the State of _	ОН	this	_
1. The name of t	he corporation: COMMERCIAL IN	NDUSTRIAL FINANCE, I	NC.			
2. The principal 10024 OFFICE	office address: CENTER AVE SUITE 150 ST L	OUIS, MO 63128				
3. The mailing a	ddress (if different):	· · ·				
4. Date of incorp	oration/qualification: 05/16/201	6Document n	umber: <u>F16000</u>	002226		
	street address of the current registment of State: (If resigned, enter		d office on file wi	ith the		
	C T CORPORATION SYSTEM	l		_		
	1200 SOUTH PINE ISLAND R	200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL	33324	CO UTA	202	
6. The name and (if changed):	street address of the new register Corporation Service Company	red agent (if changed) and	l /or registered off	CRETARY (2022 HAY 23 P	1.27 H
	1201 Hays Street			SEE,	MH 11: 09	C
		- 고로	: 00			
	Tallahassee	FL	32301	-	w.	
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	siness office of it	s registe	red age	ent.
Such change wa authorized by th	is authorized by resolution duly the board, or the corporation has b	adopted by its board of d been notified in writing o	irectors or by an f the change.	officer s	o	
Xu	. E. Wenie	Jill Cilmi, Vice P	resident			
	e of an officer or director		d or typed name and tit			—
corporation nas	the appointment as registered as o comply with the provisions of all am familiar with and accepting filed merely to reflect a chang been notified in writing of this as Service.Company	gent and agree to act in tall statutes relative to the obligation of my posite in the registered office thange.	his capacity. e proper and com tion as registered e address, I hereb	iplete pe l agent vy confir	rforma Or, if m that	mce this the
By: X)	ne tokuble	05/20/2022				
	nature of Registered Agent		Date			
	<u>-</u>					
	Asst. Vice President ped or Printed Name	-				
•						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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