F19000003359

(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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: May 13, 2021

Order#: 812202-020

Re: STRIKE ACCEPTANCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

 \overline{XX} File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of $\frac{D}{D}$ registered agent, or both, in the State of Flo	E
	f the corporation: STRIKE ACCEPTA	-	
		K DRIVE, STE 350 LAGUNA HILLS, CA 9	92653
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/18/2019	Document number: F1900000)3359
5. The name an		ered agent and registered office on file	
	CAPITOL CORPORATE SERVICE	CES, INC.	
	515 EAST PARK AVENUE, 2ND	FLOOR	2021 SE
	TALLAHASSEE	FL 32301	2021.HAY 17 SECRETAR TALLAH
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	· • • •
	Corporation Service Company		MIZ: OF ST SSEE.
	1201 Hays Street		FAE 13
	P.C	O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the stube identical.	reet address of the business office of its re	gistered agent,
Such change wa authorized by th	is authorized by resolution duly ado board, or the corporation has been	pted by its board of directors or by an offin notified in writing of the change.	icer so
	20	Steve Singh P	resident
	e of an officer or director	Printed or typed name and title	
of my duties, and document is bein corporation has Corporation	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan i Service Company	obligation of my position as registered ag	te performance ent. Or, if this onfirm that the
By: <u>L loo</u> g	ature of Registered Agent	05/13/2021	
If signing on beh	- (Date	
	asst. Vice President		
Тур	ped 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)