(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000389190070



2022 JUL -8 PH 3:31

RECEIVED

A. BUTLER JUN 1 1 2022 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. : I2000000195				
REFERENC	E : 793375 8384876				
AUTHORIZATIO	N : Spellelenan				
COST LIMI	'\				
ORDER DATE : July 7, 2022					
ORDER TIME : 1:05 PM					
ORDER NO. : 793375-021					
CUSTOMER NO: 8384876					
					
CHANGE OF AGENT					
NAME: HEIGHTS FINANCE HOLDING CO.					
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING.				
	AD TROOF OF FEBRUARY				
CERTIFIED COPY XX PLAIN STAMPED COPY					
COMMA CIT. DED COM. All and a stable	3 d				
CONTACT PERSON: Alexxis Weil					
I	EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0502. 6 nge is submitted for a corporation r to change its registered office or	organized under the law	is of the State of $\frac{S}{2}$	South Carolina
1. The name of t	he corporation: HEIGHTS FINAN	CE HOLDING CO.		
2. The principal				
3. The mailing a	ddress (if different):		_	
4. Date of incorp	poration/qualification: 02/21/2022	Document n	umber: F220000)01398
	I street address of the current regis tment of State: (If resigned, enter		d office on file wit	th the
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND RO	DAD		
	PLANTATION	FL	33324	2027 SE
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): Corporation Service Company				2022 JUL -8 P
	1201 Hays Street			-8 PH 12: 48
		P.O Box NOT acceptable FL		
	Tallahassee		32301	
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	siness office of its	registered agent,
	s authorized by resolution duly a le board, or the corporation has b			
Xie	e 2 aonie	Jill Cilmi, Vice P	resident	
Signatui	e of an officer or director	Printe	d or typed name and titl	le
I further agrée i of my duties, an document is bei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c n Service Company	all statutes relative to the he obligation of my posi we in the registered office	his capacity, proper and com tion as registered address, I hereb	plete performance Lagent. Or, if this y confirm that the
By: \(\frac{1}{2}\int_{\infty}\)	aro takubi	07/08/2022		
If signing on be	nature of Registered Agent half of an entity:		Date	·
Grace E. Kirby,	Asst. Vice President reed or Printed Name			

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

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