(Re	questor's Name)	
(Ad	dress)	
(Ad	diess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





000396613430

2022 OCT 27 AM 9: 13

2822 OCT 27 AH II: 22

, Table :

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195		•	
REFERENCE : 066210 7391802			
AUTHORIZATION : Smell of			
COST LIMIT : \$35.00			
ORDER TIME : October 21, 2022		-	-
ORDER TIME : 9:05 AM			
ORDER NO. : 066210-005			
CUSTOMER NO: 7391802			
CHANGE OF AGENT		2022 OCT 27	 • • • • • •
NAME: CITCO FUND SERVICES (USA) INC.	SER FL	AM 9: 13	13
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St. organized under the laws of the State of $\frac{N}{2}$ registered agent, or both, in the State of Fla	IEW YC		_
	he corporation: CITCO FUND SE				
	office address: 3 SECOND STRE				_
JERSEY CITY,			. <u>.</u>		_
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 03/04/2022	Document number: F2200000	2066		
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with			
	CAPITOL CORPORATE SERV	ICES, INC.			
	515 E PARK AVE FLOOR 2		_	2022 OCT 27	
	TALLAHASSEE	FL 32301	-	100	62 3
6. The name and (if changed):	street address of the new register Corporation Service Company	ed agent (if changed) and /or registered offic		27 AM 9: 1	j
	1201 Hays Street			ယ	
		P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registe	red age	nt.
Such change wa	s authorized by resolution duly a se board, or the corporation has b	idopted by its board of directors or by an o seen notified in writing of the change.	fficer s	o	
CC3		Albert Bauer, Vice President			
	2.01 an officer or director	Printed or typed name and title			_
l further agree 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	gent and agree to act in this capacity, all statutes relative to the proper and comp he obligation of my position as registered are in the registered office address, I hereby hange.	olete per agent. · confiri	rforma Or, if t m that t	nce his the
By: Dra	100 CXWD10	10/26/2022			
Sig	nature of Registered Agent	Date		•	_
If signing on be	half of an entity:				
	Asst Vice President	-			
T	ped or Printed Name				
	* * * FILI	NG 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)