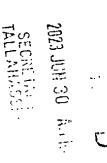
## F9500000189

(1	Requestor's Name)			
0	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
()	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE JUL - 5 2023			

Office Use Only



900411357259





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	O. : I2000000195			
REFERENC	CE : 822931 5035116			
AUTHORIZATIO	1 // X 6/			
COST LIM	IT : \$35.00 man			
ORDER DATE : June 19, 2023				
ORDER TIME : 9:36 AM				
ORDER NO. : 822931-104				
CUSTOMER NO: 5035116				
CHANGE OF AGENT				
NAME: TIDEWATER I	FINANCE COMPANY			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Wei	iland-sorenson			
	EXAMINER'S INITIALS:			

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the laws of the State of $V$	Ά
<del>-</del>	the corporation: TIDEWATER FINANCI		
	office address: 6520 INDIAN RIVER R		9
3. The mailing a	address (if different): PO BOX 13306 C	HESAPEAKE, VA 23325	
	poration/qualification: 01/12/1995		0189
	I street address of the current registered atment of State: (If resigned, enter resign		ı the
	CT CORPORATION SYSTEM		2023 SE TAL
	1200 S. PINE ISLAND RD.		TALL ATTREET
	PLANTATION, FL 33324		55 B
6. The name and (if changed):	I street address of the new registered ag  Corporation Service Company		ee 3
	<u>-</u>		
	1201 Hays Street	for NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ess of its registered office and the stree be identical.	address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an ollottified in writing of the change.	fficer so
X.	el E. alnie	Jill Cilmi, Vice President	
/ /	re of 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 agent a to comply with the provisions of all stand I am familiar with and accept the object a change in the best and interest to reflect a change in the second province Company  Service Company	itutes relative to the proper and comp oligation of my position as registered a the registered office address. I hereby	lete performance agent. Or, if this confirm that the
3y:LIna	ce Cokubi	06/30/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	by, Asst. Vice President  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)

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