F97 000 000538

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

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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: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 18, 2020

Order#: 522862-229

Re: VOYA INSURANCE SOLUTIONS, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

File in your office on a routine basis.

X Issue Proof of Filing.

Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

X Return envelope is also enclosed for your convenience.

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

CA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of th	ne State of CT	
1. The name of t	the corporation: VOYA INSURANCE S	SOLUTIONS, INC.		
	office address:WAY, WINDSOR CT 06095			
3. The mailing a	iddress (if different):			
4. Date of incorp	poration/qualification: 01/31/1997	Document number	F9700000538	
5. The name and	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 3332	<u> </u>	
6. The name and (if changed):	I street address of the new registered a Corporation Service Company	gent (if changed) and /or re	gistered office	
	1201 Hays Street		~~	
	P.O.	Box NOT acceptable	0.20	
	Tallahassee	FL 3230	7020 DEC	,
The street address changed will	ess of its registered office and the stre be identical.	et address of the business	77.5	
Such change wa authorized by th	ns authorized by resolution duly adop ne board, or the corporation has been	ted by its board of director notified in writing of the c	rs or by an officer so in hange.	<u> </u>
λ	e & COME	Jill Cilmi, Vice Preside	nt 卫习 c	у У
l further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the a ng filed merely to reflect a change in s been notified in writing of this chang n Service Company	and agree to act in this cap tatutes relative to the propo obligation of my position as the registered office addre	ed name and title pacity, er and complete perfors s registered agent. Or, ess, I herchy confirm th	mance if this at the
ву: Х	nature of Registered Agent	12/17/2020	ate	
If signing on be	half of an entity:			
	Asst. Vice President pped 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