## F9700003450

| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Ad                                     | dress)             |           |  |  |
| (Ad                                     | dress)             |           |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nar  | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
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| Special Instructions to Filing Officer: |                    |           |  |  |
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Office Use Only



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SION OF CORPORATIO

DEC 2 2016 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: November 29, 2016

Order#: 356341-034

Re: BRANDYWINE FINANCIAL SERVICES CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 cha   | provisions of sections 607.0502, 617.05<br>inge is submitted for a corporation orga<br>r to change its registered office or regis   | nized under the la   | ws of the State of Penns  | sylvania               |
|--|---|--|---|------------------------|
|  | the corporation: BRANDYWINE FINANCE   | ~  | •   | ••                     |
| 2. The principal   | office address: 2 POND'S EDGE ROAL  | D, CHADDS FORI   | D, PA 19317   |                        |
| 3. The mailing a   | ddress (if different): PO BOX 999 CHA   | DDS FORD, PA 1   | 9317  |                        |
| 4. Date of incorp  | poration/qualification: 07/02/1997  | Document   | number: F97000003456  | 0                      |
|  | I street address of the current registered tment of State: (If resigned, enter resign   |  | ed office on file with the  |                        |
|  | MOORE, BRUCE E  |  |   |                        |
|  | 2631 MCCORMICK DRIVE, SUITE 10  | )1   |   | 2016<br>2016           |
|  | CLEARWATER  | FL   | 33759   | DEC STORY              |
| 6. The name and (if changed):  | street address of the new registered age  Corporation Service Company   | ent (if changed) an  | d /or registered office   | NISION OF COPPUBLISH A |
|  | 1201 Hays Street  |  |   | 26                     |
|  | P.O. Box NO   | T acceptable   | ···   |                        |
|  | Tallahassee   | FL   | 32301   |                        |
| =  | ess of its registered office and the street<br>be identical.<br>as authorized by resolution duly adopte<br>the board, or the corporation has been no  |  |   |                        |
| authorized by the  | ne board, or the corporation has been no  | otified in writing   | of the change.  |                        |
| <b>X</b>   | e E. Whie   | Jill Cilmi, Vice I   |   |                        |
| I hereby ascept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered agent at<br>to comply with the provisions of all sta<br>my duties, and I am familiar with and<br>is document is being filed merely to rej<br>that the corporation has been notified<br>on Servide Gompany | nd agree to act in<br>tutes relative to th<br>accept the obligat<br>lect a change in t | ne proper and complete<br>tion of my position as re<br>he registered office add | gistered<br>ress, I    |
| By: 1 ) N  | are Cohnole   | 11/23/2016   |   |                        |
| -  | nature of Registered Agent  |  | Date  |                        |
|  | half of an entity:  |  |   |                        |
|  | Assistant Vice President  yped or Printed Name  |  |   |                        |
|  | * * * FILING F  | EE: \$35.00 * * *  |   |                        |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314