LU7970

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(Ac	dress)	
(Address)		
(Cit	y/State/Zip/Phor	ne #)
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Finco Financial Corporation
2. The principal	office address: 1551 Sawgrass Corporate Parkway Ste 130
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 4/25/1990 Document number: L67970
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Karen Shaw
	1551 Sawgrass Corporate Parkway, Suite 130
	Sunrise, FL 33323
6. The name and (if changed):	Sunrise, FL 33323 I street address of the new registered agent (if changed) and /or registered office:
	Monique Raicovich
	1551 Sawgrass Corporate Parkway Suite 130
	P.O. Box NOT acceptable Sunrise, Florida 33323
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatur	Joseph Cambi, President Printed or typed name and title
I hereby accept I further agree to performance of	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Moni	12/9/16 Tailfre of Registered Agent Date
If signing on be	half of an entity:
Monique Ra	
Ту	vped or Printed Name

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