M00 00000 2718

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



000356543910

12/21/20--01040--004 **25.00

S. YOUNG

DEC 21 AH 7:0



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#: 522862-140

Re: VOYA FINANCIAL PARTNERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| (a) | ONE ORANGE WAY | (b) ONE ORANGE WAY | | | | | |
|-----|--|--------------------|------------------|---|---------------------------------------|----------------------|--|
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | · / ——— | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) WINDSOR, CT 06095 | | | |
| | WINDSOR, CT 06095 | | WINDSO | | | | |
| | 12/28/2000 | | M0000000 | 2718 | | | |
| | Date of filing/registration in Florida | 4. | | Document nu | mber | | - |
| (a) | C T CORPORATION SYSTEM | | | | | | |
| (a) | Registered Agent and Registered Office shown on the reco | ds of the Floric | la Dept. of Stat | - te: | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| | | - | | | | | |
| | Registered Office Address <u>(MUST BE FLORIDA STR</u> | <u>EET ADDRES</u> | <u>:S)</u> | | | 297 | |
| | | | | _ | | 2020 DEC | *: |
| b) | PLANTATION | _, FL_33324 | | _ | .; . | 21 | |
| b) | | _, FL_33324 | | - - | | 21 | |
| b) | PLANTATION | _, FL_33324 | | | | 2020 DEC 21 NM 7: 08 | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (b) | PLANTATION Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> | _, FL_33324 | | - - | • | 21 NK 7:0 | |
| b) | PLANTATION Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | _, FL_33324 | | - | · · · · · · · · · · · · · · · · · · · | 21 NK 7:0 | |

the articles of organization or the operating agreement of the limited liability company.

Jill Cilmi, Authorized Person /s/ Jill Cilmi Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been rotified in writing of this change. Inace L-Kuby

Signature of Registered Agent

Brace E. Kirby, Asst. Vice President of Corporation Service Company