

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

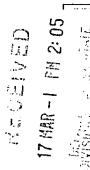
From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE STRUCTURED SETTLEMENT ASSOCIATION, INC.

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Corporate Filing Menu

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

| statement of chi | provisions of sections 607.050 ange is submitted for a corpora or to change its registered offic | ation organized unde | er the laws of the St | te of FLORIDA | A _ |
|---------------------------------|---|---|--------------------------------------|---------------------------------------|-----------------|
| 1. The name of | the corporation: STRUCT | URED SETT | LEMENT AS | SOCIATION | .INC. |
| 2. The principal | office address: 225 NE MI | ZNER BLVD SU | JITE 510 | | |
| BOCA RA | TON, FL 33432 | | | | |
| 3. The mailing a | address (if different): | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incor | poration/qualification: 1/21 | /2014Do | cument number: N | 11400000062 | 23 |
| | d street address of the current : rtment of State: (If resigned, e | | registered office on | file with the | • |
| | TOBIN & REYES, P.A | ing . | | | |
| | 225 NE MIZNER BLV | D SUITE 510 | | . | |
| | BOCA RATON | FL | 33432 | | بي |
| 6. The name an (if changed); | d street address of the new reg | pistered agent (if char | zip code nged) and /or regists | ered office | SECON VISION |
| | Capitol Corporate Ser | vices, Inc. | | | - 85E |
| | 155 Office Plaza Drive | P.O. Box NOT acceptable | | | 3 |
| • | Tallahassee | FL | 32301 | | 9 7 A |
| The street addr | chy ess of its registered office and I be identical. | sus d the street address o | zp Cook of the business offic | ce of its registered : | agent, |
| - | as suthorized by resolution d | | | | |
| 80 | soft_ | | Steve B | 1stintle | e CFO |
| • | the appointment as register to comply with the provision of comply with the provision of my duties, and I am familian is document is being filed mu that the corporation has bee | ed agent and agree is s of all statutes rela with and accept the crely to reflect a cha n notified in writing | Lamma of them und | MA SOTO EJITO | / |
| Dua | nicase posturo of Registeres Agent | | 3-1-1 | 7 | |
| If signing on b | chalf of an entity: | | | | |
| | se, Asst. Secretary on Typed or Printed Name | behalf of Capito | ol Corporate Se | rvices, Inc. | |
| | * * * I | 'ILING FEE: \$35.0 | 0 * * * | | |
| M CR2E045 (03/12) | Make checks paya Iail to: Division of Corpol | BLE TO FLORIDA DE RATIONS, P.O. BOX | EPARTMENT OF STA 6327, TALLAHASSE | TE B, FL 32314 | |