PO6035

| (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: |
| |
| |
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Office Use Only



500370211565

2021 AUG -5 MH 8: 43

7.

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 942000 4722300 | | | | | | | |
| AUTHORIZATION: Spelle Man | | | | | | | |
| COST LIMIT : \$ 35.00 | | | | | | | |
| ORDER DATE : August 3, 2021 | | | | | | | |
| ORDER TIME : 2:31 PM | | | | | | | |
| ORDER NO. : 942000-010 | | | | | | | |
| CUSTOMER NO: 4722300 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: AMERICAN HONDA FINANCE CORPORATION | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| CONTACT PERSON: Alexxis Weiland | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | |

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

| statement of cha | nge is submitte | ctions 607.0502, 617.0 d for a corporation org registered office or regi | anized under the lav | ws of the State of <u>Ca</u> | alifornia | |
|--|---|---|--|---|--|---------------------------|
| 1. The name of t | he corporation: | AMERICAN HONDA | FINANCE CORPO | ORATION | | |
| 2. The principal | office address: | 1919 Torrance Boulev | rard, Torrance, CA | 90501 | | |
| 3. The mailing a | ddress (if diffe | rent): | | | | |
| 4. Date of incorp | oration/qualific | eation: 05/15/1985 | Document | number: <u>P06035</u> | | |
| | | of the current registered (If resigned, enter resig | | ed office on file with t | he | |
| | C T Corporat | on System | | | | |
| | 1200 South P | ine Island Road | | ī'Al | 2021 AUG | <i>حديد</i> ه |
| | Plantation | | FL | 33324 | UG - | 9 |
| 6. The name and (if changed): | street address | of the new registered ag | gent (if changed) and | d /or registered office | ് വ | |
| | Corporation S | ervice Company | | -12 | 5 | |
| | 1201 Hays St | reet | | | | |
| | | P.O. I | Box NOT acceptable | | | |
| | Tallahassee | | FL - | 32301 | | |
| as changed will | be identical. | red office and the stre | | | | gent, |
| Such change wa authorized by th | s authorized by e board, or the | resolution duly adopt corporation has been i | ted by its board of continued in writing of the continued in writing of the continued in th | directors or by an offi of the change. | icer so | |
| Xi | e E G | One | Jill Cilmi, Vice | President | | |
| 8 gn tur | e of an officer of dir | ector | Print | ed or typed name and title | | _ |
| l further agree to of my duties, and document is bein corporation has | o comply with d I am familiar ng filed merely | nt as registered agent of the provisions of all sta with and accept the of to reflect a change in In writing of this change moanyl | atutes relative to th bligation of mv pos the registered offic | e proper and comple | te perform zent. Or i onfirm tha | iance f this it the |
| 3y: Cl | UM S | Ceil | 08/05/2021 | | | |
| | nature of Registered | Agent | | Date | | |
| f signing on bel | nalf of an entity | y: | | | | |
| Ami M. Casper, A | Asst. Vice Pres | sident | | | | |
| Ту | ped or Printed Nam | e | | | | |

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