PPS 00000 841 00

(Requestor's Name)	
(Address)	700355425
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/03/20010090
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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JAN 2 5 2021 **I ALBRITTON**



CSC - WILMINGTON
251 Litæle 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 7, 2020

Order#: 538640/002

Re: SAGO FINANCIAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	• •	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of FL
in orde	er to change its registered o	ffice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SAGO FIN	ANCIAL, INC.
2. The principal	office address: 2030 S. LA	S VEGAS TRAIL, FORT WORTH, TX 76108
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/0	5/2018 Document number: P18000084100
	d street address of the current etment of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)
	C T CORPORATION	
	1200 SOUTH PINE ISLA	ND ROAD
	PLANTATION, FL 33324	
6. The name and (if changed):	I street address of the new r	egistered agent (if changed) and /or registered office
	Corporation Service Com	ipany
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
as changed will	be identical.	and the street address of the business office of its registered agent,
Such change was anthorized by the	es authorized by resolution ne beard, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
1 tal		Jerry Cockburn, Vice President
J	re of an officer or director	Printed or typed name and title
document is bei corporation has	the appointment as registe to comply with the provision of I am familiar with and ac ng filed merely to reflect a been notified in writing of Service Company	red agent and agree to act in this capacity. Ins of all statutes relative to the proper and complete performance Ins of all statutes relative to the proper and complete performance Insert the obligation of my position as registered agent. Or, if this Inchange in the registered office address, I hereby confirm that the I this change.
By: <u>Drace</u>	t-Kuby	12/03/2020
	half of an entity:	Date
Grace E. Kirby, /	Asst. Vice President	
Ту	ped or Printed Name	

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)