

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

•

.

Office Use Only



- 39

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO.	: I2000000195
REFERENCE	1492151 7993639
AUTHORIZATION	: A state
COST LIMIT	: \$ 35.00
ORDER DATE : June 10, 2024	• ,
ORDER TIME : 4:41 PM	
ORDER NO. : 492151-011	
CUSTOMER NO: 7993639	

CHANGE OF AGENT

NAME: ILLUMIFIN CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

-

ં્તં

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH **<b>∳OR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of SC in order to change its registered office or registered agent, or both, in the State of Florida,

1. The name of t	he corporation:	N		
2. The principal	office address: 7805 Hudson Road Suite 1	80 Woodbury, I	MN 55125	
3. The mailing a	ddress (if different):			484
4. Date of incorp				
	street address of the current registered age ment of State: (If resigned, enter resigned)		l office on file with	n the
	C T CORPORATION SYSTEM		<u></u>	
	1200 SOUTH PINE ISLAND ROAD			
		FL	33324 .	•
6. The name and (if changed):	street address of the new registered agent (	(if changed) and	/or registered offic	ce .
	Corporation Service Company			
	1201 Hays Street		_	, O
	P.O. Box_NOT acceptable			
	Tallahassee	FL	32301	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Peter M. Goldstein, President & CEO Printed or typed name and title

Signature of an officer or director

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 the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: S S Signature of Registered Agent

06/04/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed 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 492151-11 CR2E045 (04/13)