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H2300021 201 73 ABCS

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Phone : (813)223-7474

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## LLC REGISTERED AGENT CHANGE

FLORIDA FUNDERS PEERFIT FUND II LLC

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## 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.

1.	Name of the limited liability compar	ny: Florida Funders	Peerfit Fur	nd II LLČ				
2. (a	a)		Œ	o)				
2. (6	Principal office address of limite (Note: MUST BE STREE		(	,,	Mailing addre	ess of limite	•	
	1311 N. Westshore Boulevard, Suit	te 101		1311 N. V	Vestshore Bo			
	Tampa, FL 33607		_	Tampa, FL 33607				· · · · · · · · · · · · · · · · · · ·
	05/16/2016			L16000095	502			
3.	Date of filing/registratio	n in Florida			Document	number		
<b>5</b> (	Trenam Law							
5. (	Registered Agent and Registered Office	shown on the records o	f the Florida	Dept. of Sta	 te:			
	101 E. Kennedy Boulevard			•				
	Registered Office Address (MUST B	E FLORIDA STREET	ADDRESS	<u> </u>	_			
	Suite #2700			-				
	Tampa		33602	_	_			
	Tampa	, F	L		_	,		
(t	TK Registered Agent, Inc.						2023 . 11 11 1 3	
`	Enter name of NEW Registered Agent	and/or NEW Registere	d Office ad	dress:	<del>-</del>			
	101 E. Kennedy Boulevard					••	$\frac{1}{\omega}$	r r
	NEW Registered Office Address:				_		PH	C
	Suite 2700						7:	
					<del></del>	• ,	02	
	Татра	F	33602					
chan agen was/the a	ge or changes are made, the Florida it will be identical. Or, in the case of were authorized by an affirmative voluticles of organization or the operation of a member of authorized representations of all statutes relative to the publications of my position as register erely reflect a change in the register field in writing of this change.	street address of the fa Florida limited libete of the members agreement of the nive of a member	e registere lability co of the lim limited li  Thou	ed office an mpany, it is ited liability commas Wallace in this cap	of the busines hereby cony company mpany.  Printed or ty	ess office infirmed the or as other sped name of ther agree	of the r hat the c erwise p	egistered change(s) provided in
<u>Si-</u>	nture of Registered Agent							
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