Division of Corporations



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tgood@trenam.com mail Address:

## LLC REGISTERED AGENT CHANGE FLORIDA FUNDERS FUND MANAGEMENT, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFIGE 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. N	ame of the limited liability company:  Florida Funders F	und Ma	mag	ement, LLC	<del></del>		
2. (a)			(b) .				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			V	Mailing address of <i>(Note: MAY E</i>		
	1311 N. Westshore Boulevard, Suite 101			1311 N W	estshore Boule		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	Tampa, FL 33607	_	Tampa, FL 33607				
	08/08/2016		L	1600014824	48		
<b>.</b>	Date of filing/registration in Florida	4.		1	Document nu	ımber	
i. (a)	Trenam Law						
. (4)	Registered Agent and Registered Office shown on the records of 101 E. Kennedy Boulevard	the Flori	ida D	ept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET) Suite #2700	1DDRE	<u>SS)</u>				
	Tampa .FL	33602					
(b)	TK Registered Agent Inc					W 3.,	202
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addr	<u>ess</u> :		;	J. 86
	101 E. Kennedy Boulevard						51 kiif 1500
	NEW Registered Office Address:					· ·	
	Suite 2700					 Ω÷	-45
					•	<u> </u>	ယ္ <b>0</b>
	Tampa , FL	33602				••	7
hang gent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	registe bility of f the li	ered com imite	office and pany, it is ed liability	the business hereby confir company or	office of the	ne registered ne change(s)
	Thomas Rollace	Tì	noma	as Wallace			
Signa	ature of a member or authorized representative of a member				Printed or type	d name of sign	nce
rovis he ob o mer	eby accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to a perfori l for in iereby	ct in man Chi conj	this capa ce of my di apter 605, firm that th	city. I furthe luties, and I a F.S. Or, if the he limited liai	r agree to c m familiar his docume bility compo	omply with the with and accep nt is being filed any has been
3	12-						
Signati	ure of Registered Agent						