

Florida Department of State
Division of Corporations
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L200000980731

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC REGISTERED AGENT CHANGE
FIRST DUE CAPITAL FUND, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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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 company: First Due Capital Fund, LLC

2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 1700 N UNIVERSITY DRIVE, SUITE 220 CORAL SPRINGS, FL 33071 (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) 1700 N UNIVERSITY DRIVE, SUITE 220 CORAL SPRINGS, FL 33071

3. Date of filing/registration in Florida 03/26/2020 4. Document number L20000090731

5. (a) WEAVER, JEFFERSON H Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1700 N UNIVERSITY DRIVE, SUITE 220 CORAL SPRINGS, FL 33071

(b) LEGALINC CORPORATE SERVICES INC. Enter name of NEW Registered Agent and/or NEW Registered Office address NEW Registered Office Address 476 Riverside Ave. Jacksonville, FL 32202

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Blake Schneider Signature of a member or authorized representative of a member

Blake Schneider Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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