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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

	27
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LLC REGISTERED AGENT CHANGE LATTER RAIN FUNDING LLC

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T. LEMIEUX----

MAY 0 2 2023

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Help

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.

t. N	ame of the limited liability company: Latter RA	AIN FUN	DING LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	01/03/22		000001343
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1840 SW 22ND ST. 4TH FLOOR		
	MIAMI	33145	2823 F
(h)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	7901 4th St N		
	NEW Registered Office Address.		. &
	STE 300		<u></u>
	St. Petersburg	33702	· · · · ·
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
<u> </u>	Land Gestalan	Robin Jo	ones
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mera notifica	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	David Roberts - Assistar	nt Secretary	