2016-11-03 15:53.00 CST

19542080845 From: Ranae McGraw

Division of Corporations



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(((H160002724423)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE LEAF FUNDING, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	LEAF FUNDING, INC.					
	Name of C	orporation				
DOC	F03000002276 UMENT NUMBER:					
The e	nclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.				
	e return all correspondence concerning this matte	-				
	Name of Contact Person					
Firm/Company						
	Address					
	City/State ar	id Zip Code				
	·					
	E-mail address: (to be used for fi	uture annual report notification)				
	, , , , , , ,	,				
For fu	orther information concerning this matter, please of	eall:				
		at () Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of Dela	ware				
l. The name of t	the corporation: LEAF FUNDING, INC.						
2. The principal	2. The principal office address: 110 S. POPLAR ST., STE. 101, WILMINGTON, DE 19801						
3. The mailing a	ddress (if different):			-			
4. Date of incorp	poration/qualification: 05/06/2003	Document number: F0300000227	6	_			
	I street address of the current registered attent of State: (If resigned, enter resign		he				
	CORPORATION SERVICE COMPANY		هيد برزاسيم				
	1201 HAYS STREET, TALLAHASSER,	FL 32301	ALLA ALLA				
			NOV -4	T =			
6. The name and (if changed):	NOV -4 PN 12: 10 THE LARY OF STATE LAHASSEE, FLORID						
	C T Corporation System		<u>පි</u>				
	c/o C T Corporation System, 1200 South I	Pine Island Road	A POPULATION				
	P.O. Box NO	T acceptable					
	Plantation, Florida 33324						
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its reg	gistered agent,				
	as authorized by resolution duly adopted board, or the corporation has been no		er so				
Me	lely heler	Melissa Nolan, Secretary					
	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to ref that the corporation has been notified i	••	e registered dress, I				
By: CT for	ndertical Start m	11/2/2016					
If signing on be	half of an entity:						
	Assistant Secretary						
	/ped or Printed Name						
	* * * FILING FE	E: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FI. 32314

CR2E045 (03/12)