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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	1200000019	95		
	REFERENCE	:	470633	8451022		
	AUTHORIZATION	:	Jelens	Ra)	2024	
	COST LIMIT	:	\$ 35.00			• .
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ORDER DATE :	May 16, 2024					
ORDER TIME :	12:11 PM				۲. ۲.	, a •
ORDER NO. :	470633-009				32	
CUSTOMER NO:	8451022					
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CHANGE OF AGENT

NAME: ECAPITAL ASSET BASED LENDING CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ECAPITAL ASSET BASED LENDING CORP.

2. The principal office address: 8 WEST 40TH STREET 14TH FLOOR NEW YORK, NY 10018

3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 06/02/2022	Document number: F04000006351	
	nd street address of the current registered artment of State: (If resigned, enter resig	l agent and registered office on file with the ned)	
	CT CORPORATION		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	2024 833
6. The name an (if changed):		gent (if changed) and /or registered office	出313
	Corporation Service Company	·	P
	1201 Hays Street		2:3
	P.O. 1	Box NOT acceptable	32
	Tallahassee	FL 32301	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/S/ Cris Neely

Cris Neely, Secretary

05/29/2024

Signature of an officer or director

Printed or typed name and fitle

Date

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

Signature of Registered Agent By:

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CSC 470633

CR2E045 (04/13)