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| (Re | equestor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | · #) | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Miami Funding, Inc

Name of Corporation

DOCUMENT NUMBER, F1200004076

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Palma

Name of Contact Person

Miami Funding, Inc

Firm/Company

1200 Brickell Ave Ste 1800

Address

Miami, FL 33131

City/State and Zip Code

info@miamifunding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Palma

786

287-4100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| • | • | 617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Wyoming | |
|--|---|--|----|
| in order | r to change its registered office o | r registered agent, or both, in the State of Florida. | |
| 1. The name of t | the corporation: Miami Fundi | ng, Inc/BC Holdings, linci | |
| 2. The principal | office address: 1200 Brickell | Ave Ste 1800, Miami, FL 33131 | |
| | | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: | 4 2012 Document number: F12000004 | Ī |
| | I street address of the current regitment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | |
| | 247 SW 8TH STREET | · | |
| | MIAMI FL 33130 | | |
| | | 10 00 00 00 00 00 00 00 00 00 00 00 00 0 | |
| | | 2 3 | 荒土 |
| The name and (if changed): | I street address of the new registe | red agent (if changed) and /or registered office | |
| | 1200 BRICKELL AVE S | STE 1800 | |
| | MIAMI, FL 33131 | 22 | , |
| | P.O. | Box NOT acceptable | |
| The street addre as changed will | ess of its registered office and the be identical. | e street address of the business office of its registered agent, | |
| Such change wa authorized by th | as authorized by resolution duly as board, or the corporation has to | adopted by its board of directors or by an officer so been notified in writing of the change. | |
| Sal | /ma | Jose Palma President | |
| | re of an officer or director | Printed or typed name and title | |
| I further agree t performance of | to comply with the provisions of mv duties, and I am familiar wit | gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered y to reflect a change in the registered office address, I otified in writing of this change. | |
| 16 | alme | 10/12/12 | |
| Sign | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| т. | unad or Printed Nama | - | |
| 13 | yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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