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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 697406 8107247 AUTHORIZATION : ORDER DATE: March 25, 2019 ORDER TIME : 3:24 PM ORDER NO. : 697406-015 CUSTOMER NO: 8107247 CHANGE OF AGENT NAME: STRATEGIC FUNDING SOURCE, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporati	l, 617.0502, 607.1508, or 617.1508, Florida Statute ion organized under the laws of the State of New Y or registered agent, or both, in the State of Florida	⁄ ork	-	
	the corporation: STRATEGIC FU	•	1.		
		Street 4th Floor NEW YORK, NY 10036			_
3. The mailing a	nddress (if different): N/A		·		
4. Date of incor	poration/qualification: 04/02/20	Document number: F1400000147	<u> </u>		
5. The name and Florida Depar	d street address of the current regreement of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)			
	EPS LLC				
	200 LINDELL BLVD SUITE 91	8			
	DEL RAY BEACH, FL 33483		i pr	19 H	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office		HAR 25 AH	
	1201 Hays Street			က္ဆ	
		D. Box NOT acceptable	. •	7	
	Tallahassee, FL 32301	32301			
as changed with	be identical.	ne street address of the business office of its regist	-	nt,	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	50		
		M. Jesse Carlson, Corp. Secretary			
Signath	e of an officer or director	Printed or typed name and title		-	
performance of agent. Or, if thi hereby confirm Corporation	my duties, and I am familiar will s document is being filed movel	igent and agree to act in this capacity. If all statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addre otified in writing of this change.	gistered ess, I		
By: Zhu Sign	ature of Registered Ageny	03/25/20/9 Date		•	
	nalf of an entity: Croft				
Asst. Vice	President	-			
	· •	NG FEE: \$35.00 * * *			

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