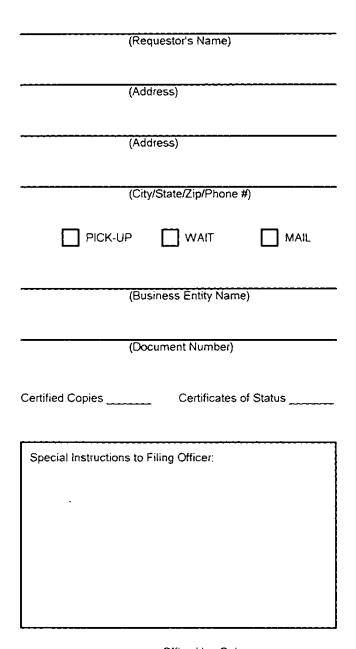
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Office Use Only



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2019 APR -1 PH 1: 22

C. GOLDEN APR - 9 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: March 28, 2019

Order#: 592875-009

Re: STRATEGIC FUNDING SOURCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Amanda Raker

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of	New York	
	the corporation: STRATEGIC FUNDI	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	l office address: 120 West 45th Street			
3. The mailing	address (if different): N/A			
4. Date of incor	rporation/qualification: 04/02/2014	Document number: F14000	0001471	
5. The name an		red agent and registered office on tile v		
	EPS LLC			
	200 LINDELL BLVD SUITE 918		2019 APR - 1	
	DEL RAY BEACH, FL 33483		APR	<u> </u>
6. The name an (if changed):		agent (if changed) and /or registered o		m
	Corporation Service Company		#:2	
	1201 Hays Street			
		NOT acceptable	-	
	Tallahassee, FL 32301	32301	-	
The street address changed will	ess of its registered office and the str l be identical.	reet address of the business office of it	ts registered agent,	
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer so	
		M. Jesse Carlson, Corp. Secreta	iry	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	-mv auttes, and 1 am familiar with an	statutes relative to the proper and con na accept the obligation of my position reflect a change in the registered office	nplete	
By: Dra	ca Co-Kuble	03/28/2019		
	mature of Registered Agent	Date		
_	chalf of an entity: . Asst. Vice President			
	yped 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

CR2E045 (03/12)