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| (F | Requestor's Name) | | |
|---|-------------------------|--------|--|
| (/ | Address) | | |
| (/ | Address) | | |
| (0 | Dity/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates of S | Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

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SECRETARY OF STATE
ALLAHASSEE, FLORID





April 2, 2008

LEE FREYER KENNEDY 444 MADISON AVE 28TH FLOOR NEW YORK, NY 10022

SUBJECT: LAGNIAPPE FUNDING LLC

Ref. Number: L04000093037

We have received your document for LAGNIAPPE FUNDING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 008A00019481

Gina McLeod Regulatory Specialist II

. COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Lagniappe Funding, LLC (Name of | Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| Lee Freyer Kennedy | | |
| (Name of Person) | | |
| c/o Lachman & Lachman (Firm/Company) | | |
| 444 Madison Avenue, 28th Floor | | |
| (Address) | | |
| New York, NY 10022 | | |
| (City/State and Zip Code) | | |
| For further information concerning this mat | tter, please call: | |
| Carl Eldred | at (850) 222-7500 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the followi | ng amount: | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited liability company is: Lagniappe Funding, LLC | • | |
|---|---|--|
| 2. The mailing address of the limited liability company is : 444 Madison Avenue, 2 | 8th Floor, New York, NY 1002 | |
| 12/23/04 L04000093037 | L04000093037 | |
| 3. Date of filing/registration in Florida 4. Document number | er | |
| 5. The name of the registered agent and the registered office address as shown on Florida Department of State: | the records of the | |
| Lee Freyer Kennedy | | |
| Name | | |
| 981 Hwy 98, Unit 3 # 423 | | |
| Address | | |
| Destin, Florida 32541 | SE SE | |
| City, State and Zip | 08 A | |
| 6. The name and address of the new registered agent and/or office: | APR 22 | |
| Brian Crumbaker, Esquire | 1,13 — 2 | |
| Name | | |
| 123 S. Calhoun Street | 5 = 0 | |
| Florida street address (P.O. Box NOT acceptable) | MIN OF STATE | |
| Tallahassee FL 32301 | ,D | |
| City, State and Zip | | |
| If the limited liability company is not organized under the laws of the State of Flo confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized to the members of the limited liability company or as otherwise provided in the a or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | the registered office a Florida limited by an affirmative vote | |
| Lee F Kennedy | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in which the second company has been not second company has been not second company. | icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change. | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)