## L09000004170

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(Address)							
(Address)							
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## COVER LETTER

TO: Registration Section Division of Corporations			
SLR Capital Management, I	LLC		
	ne of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to th	ne following:	
Steven Schiff			
Name of Person			
SLR Capital Management, LLC			
Firm/Company		<del></del>	
1501 Venera Avenue Suite 201			
Address			
Coral Gables, FL 33146			ASS S
City/State and Zip Code			LAH!
Eva@schiffco.net			ASSEA ASSEA
E-mail address: (to be used for future and	nual report no	tification)	
For further information concerning this matter	, please call:		MII: 46 FISTATE
Eva Salas	305	274-3000	
Name of Person		Area Code & Daytime Telepho	one 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 Fallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
¥\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

. . .

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: SLR Capital Management, LLC							
2.	(a)	SLR Capital Management, LLC	(b)	(h) SLR Capital Management, LLC			
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(5) -	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		1501 Venera Avenue Suite 201		1501 Venera Ave	enue Suite 201		
		Coral Gables, FL 33146		Coral Gables, FL 33146			
		01/13/2009	L	9000004170			
3.		Date of filing/registration in Florida	4.	Documen	nt number		
5.	(a)	Steven Schiff					
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
		Steven Schiff					
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>			
		9955 N Kendall Drive Suite 205					
		Miami	33176		. with		
		, , ,					
	(b)	Steven Schiff			聖 图 图		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			TILED WILL WHASSEE		
					WII: 46		
		NEW Registered Office Address:	•	<del></del>			
		1501 Venera Avenue Suite 201		最長			
					ř		
		Coral Gables . FI	33146				
the age	e cha ent v is/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization of the operating agreement of the	f the registe lability com of the limite limited lia	red office and the begany, it is hereby conditional transfer of the best for the be	ousiness office of the registered onfirmed that the change(s) y or as otherwise provided in		
	Siama	por pf	Steve	en Schiff, Manag			
_	_	ture of a member or authorized representative of a member	4		typed name of signee		
pro the	ovisi 2 obl mer	by accept the appointment as registered agent and agens of all spatutes relative to the proper and complete igations of my position as registered agent as provide ely reflection change in the registered office address, I d in writife for this abayes.	ree to act we performaned for in Ch hereby con	this capacity. I fuce of my duties, and apter 605, F.S. Or, firm that the limited	rther agree to comply with the d I am familiar with and accept, if this document is being filed d liability company has been		
Si	gnatu	re of Registered Agent					