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•	(Requestor's Name)					
<u>. </u>	(Address)					
(Address)						
<u> </u>	(City/State/Zip/Phone #)					
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· ·	(Business Entity Name)					
(Document Number)						
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Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations							
North Central Funds, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the following:						
Zully Bolanos							
. Name of Person							
Amicorp Corporate Services, LLC							
Firm/Company							
1001 Brickell Bay Drive, Suite 2908							
Address							
Miami, FL 33131							
City/State and Zip Code							
z.bolanos@amicorp.com							
E-mail address: (to be used for future a	nnual report notification)						
For further information concerning this matte	er, please call:						
Zully Bolanos	305 416-4730						
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 following amount:							
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

* *Y

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. Na	une of the limited liability company: North Centra	al Funds,	LLC		
2. (a)	1001 Brickell Bay Drive, Suite 2908	(b)	1001 Br	rickell Bay Drive, Suite 2908	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabili (Note: MAY BE POST OFF)	
ν.	Miami, FL 33131		Miami, F	FL 33131	
					_
	03/01/2010	į	L1000002	22925	
3.	Date of filing/registration in Florida	— 4.		Document number	
5 (m)	Amicorp Fiduciary Services, LLC				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	- u:	
	1001 Brickell Bay Drive, Suite 2908				
•	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		-	
•	Miami	, 33131		-	03:0
		1,00101		-	1 1 .
(b)	Amicorp Corporate Services, LLC				₽
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	-	
	1001 Brickell Bay Drive, Suite 2908				51:8
	NEW Registered Office Address:			-	
				-	
	Miami . Fi	_{I.} 33131		_	
the cha agent v was/w	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the limi	tered office mpany, it is ted liabilit	e and the business office of s hereby confirmed that the y company or as otherwise	f the registered e change(s)
<u>Zu.</u>	the Balley Ch	Ami	corp US	Director Services, LLC	>
Signa	ture of a member or authorized representative of a member			Printed or typed name of signe	e
There provisi the obli to mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. I	ree to act e performa ed for in C hereby co	in this cap ince of my hapter 602 nfirm that	acity. I further agree to co duties, and I am familiar w 5. F.S. Or, if this documen the limited liability compa	omply with the with and accept t is being filed ny has been

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

notified in writing of this change.

Signature of Registered Agent