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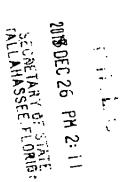
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COVER LETTER.

TO: Registration Section							
Division of Corporations							
SUBJECT: TICC FUNDING LLC Name of Limited Liability Company							
Name of Limited Liability Company	j. Ti						
Dear Sir or Madam:	٠,						
Deal on or Madam.							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Person							
Name of Person							
./							
Firm/Company							
Firm/Company							
3759 San Rocco Dr. #621							
3959 San Rocco Dr. #62/ Address							
•							
Fut 6-1 El 33950							
Turt: Garda FL 35950 City/State and Zip Code							
ijshusters Ø1 & iele. Aream							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
The the to 1 201 1157 41519							
Name of Person at (741) 457-4569 Name of Person Area Code & Daytime Telephone Number							
Name of reison Author							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Division of Corporations							
Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							

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. Na	me of the limited liability company:	Fun	JDING	LLC	
2. (a)	301 MADIZID BLUD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing	ADRID gaddress of limited v: MAY BE POST	liability company:
	PUNTA GORDA	_	PUNTA	GORDA)
	FL. 33950		FL.	33950	
	12/14/2011		L1100	014154	1-7
3.	Date of filing/registration in Florida	4.		iment number	
5. (a)	MONTEMARANO, FRANCIS Registered Agent and Registered Office shown on the records of the	e Florida D	Pept. of State:		•
	307 PURTOFINO DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)			29
	PUNTA GORDA			× 2	. 5
	FLFL_	339	50	T P	2018 DEC 26
(b)	Juseph J. Johnston Jr.			385.6	R. P.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office addr	<u>ess</u> :	1	1.02 S
	3959 Jan Rolle Dr. #6	/		· ·	7
	NEW Registered Office Address:				
	Punto Godla E	 	 _		
	<i>FL</i>	<u> 339</u>	50		
the cha agent w was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of authorized representative of a member	he registe pility com the limit imited lia	ered office and apany, it is here ed liability com bility company	the business off by confirmed the apany or as other	ice of the registered at the change(s)
I herel provision the obli- to merc notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I had I in writing of this change	e to act in erforman for in Ch ereby con	n this capacity. ice of my duties apter 605, F.S. firm that the lii	I further agree i, and I am fami Or, if this doct mited liability co	to comply with the liar with and accept ument is being filed ompany has been

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