U200 150 842

(Re	equestor's Name)	
(Ac	dress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



800285285478

05/27/16--01019--007 **25.00

16 MAY 27 PM 6: 13

F

S. YOUNG



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers

mary.rivers@cscglobal.com

Date: May 25, 2016

Order#: 146296/039

Re: NET PROFIT FUNDING LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

SECRETARY OF STATE FALLAHASSITE, FLORIDA

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.

ability company: OFFICE BOX)	
16 HAY 27 P	TALLAHASSEE
PM 6: 13	, FLORIDA
	Þ
med that after e of the register the change(s) ise provided	
comply with the comply with and account is being file pany has been esident	ie Opt od
e of the the chise progree ocomper with ent is pany i	e register nangc(s) ovided oly with the and according file has been

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