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TO: Reg

INHS18 (2/14)

7.233.3490
HONGELOPDA NHOUSECOUNSEL CONNEW BROAD ST., ORLANDO, FL 32814

Registration Section Division of Corporations

FUNDS2ORGS, LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Roberto Santoni	
Name of Person	
Santoni Law, P.A.	
Firm/Company	
4820 New Broad Street	
Address	<del></del>
Orlando, Florida 32814	
City/State and Zip Code	
santoni@FIHCLawGroup.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter.	, please call:
Roberto Santoni	407 233-3490
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	g amount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

X

## 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. N	ame of the limited liability company: FUNDS2OR	GS, LL	C				
2. (a)	1080 Woodcock Road	(	(b) SAME AS MAILING				
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,		Mailing address of li (Note: MAY BE		-	
	Suite 151						
	Orlando, Florida 32803						
	05/22/2012		L1300	>>>>08179 <del>69074</del>			
3.	Date of filing/registration in Florida	<del></del> 4.		Document num	ber		
5. (a	Jeffrey L. Kaplan, Esq.			_			
	Registered Agent and Registered Office shown on the records of 130 Remington Drive	of the Flori	da Dept. of Stat	le:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	Suite 1000						
	Oviedo	32765	5	_	MALT MALT	<del>=</del>	
(b)	Santoni Law, P.A.			_	uid Ale et STATE LLAHASSEE, FLORID	AUG 30	FILE
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:		<u>.</u>		m O
	4820 New Broad Street				F. S.	<u>≩</u>	U
	NEW Registered Office Address:			_	D,	12	
	Orlando	32814	1	<b></b>			
	, F	L	·	-			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of of the li	istered offic company, it i mited liabilit	e and the busines is hereby confirm ty company or as	ss office red that t	of the he cha	registered inge(s)
	Juc -	W	ayne Elsey	'			
	ature of a member or authorized representative of a member		, , ,	Printed or typed no	~		
provis the ob to meg	by accept the appointment as registered agent and as ions of all statules relative to the proper and complet ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for in Lhereby	ct in this cap nance of my Chapter 60: confirm that	pacity. I further of duties, and I am 5. F.S. Or, if this the limited liabil	agree to a familiar i docume lity comp	compl with a ont is b oany h	y with the ind accept being filed as been
Signa	ne al Registered Agent						
-		••					