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COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: DAVIDSON FUND Name of Limit	ONG GROUP, LLC ed Liability Company			
	ou island, output,			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:			
William D HASS/ER Name of Person				
DAVIDSON FUNDING GROUP	LLC			
7808 NW SG777 PC	<u>/</u>			
CCA JA FL 34482 City/State and Zip Code	<u>- </u>			
Bill@ iBCMONEY DOC - COM E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please cal	f:			
William HASSIER at (9) 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			

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 con	npany: DAVIDSC	IN FUND	UR GROW	ip LCC	·
2. (a) 7808 NW.			308 NW	•	PL
Principal office address of (Note: MUST BE S	limited liability company:	NEW	Mailing address of li (Note: MAY BE		
On a la	FL 34482		CAIA FL		
\underline{CAIA}, I	C 3/10x		<u> 14774 , 1 C</u>	<u>- </u>	<u>) </u>
05/27/2013		LIS	300007566	G	
$\frac{05/23/20/3}{\text{Date of filing/regist}}$	ration in Florida	4.	Document num	-	
5. (a) DAVIDSON Registered Agent and Registered C	. Ro y				
Registered Agent and Registered C	ffice shown on the records of the	e Florida Dept. of Sta	ite:		
	OSPREY DR				
Registered Office Address (ML)		<u>DDKESS)</u>			
SUITE 30			_	19 SE SE	
SARASOTA	FL_	34240	_		*4-9
(b) HASS/ER	William I)			
Enter name of NEW Registered A	· · · · · · · · · · · · · · · · · · ·	office address:	_		1
7606 1/11	CID. PI			AM IN	0
NEW Registered Office Address:	5674 PL		_		
- Orata E	Ā.			>	
OCA (A	FL_	34482			
If the limited liability company is no	ot organized under the laws	s of the State of F	lorida, it is hereb	y confirmed th	hat after
the change or changes are made, the agent will be identical. Or, in the ca	Florida street address of the	he registered offi	ce and the busine:	ss office of the	e registered
was/were authorized by an affirmati the articles of organization or the or	ve vote of the members of	the limited liabil	ity company or as	otherwise pro	ovided in
Millian De Ha	and	//	Illiam D	HASSI	IER
Signature of a member or authorized repro			Printed or typed n	· ·	
I hereby accept the appointment as provisions of all statutes relative to	registered agent and agree the proper and complete p	e to act in this ca erformance of my	pacity. I further a gauties, and Lam	agree to comp familiar with	oly with the and accept
provisions of all statutes relative to the obligations of my position as res to merely reflect a change in the res	ustered agent as provided istered office address. I ho	jor in Chapter 60 creby confirm tha	is, r.s. Or, if this t the limited liabi	s aocument is lity company	peing jiled has been
notified in surjiing of this change	ele.				
Signature of Registered Agent	<u> </u>				