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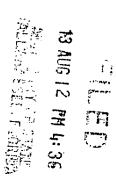
(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Orion Funding, LLC Name of Limited Liability Company 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 the following: Rachel Stephens Name of Person Firm/Company 100 N. Harbor City Blvd Melbourne, FL 32935 City/State and Zip Code rachel@strategix.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Stephens Name of Person Area Code & Daytime Telephone Number 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

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 company: Orion Funding, LLC	:	
2. (a) Principal office address of limited liability compan		
(Note: MUST BE STREET ADDRESS)	Melbourne, Florida 32935	
	_	湿点 截
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		5
		N (
July 9, 2013	L13000097320	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	a Dept- of State:
Registered Agent:	Thomas Biddix	·
Davistand Office Address	100 N. Harbor City Blvd	
Registered Office Address:	Melbourne, Florida 32935	·
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE NEW</b> Registered Agent:	W Registered Office ad  Shane Dean	<u>dress</u> :
<b>NEW</b> Registered Office Address:	100 N. Harbor City Blcd	
(MUST BE FLORIDA STREET ADDRESS)	Melbourne,	
		,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the case of a	he registered office
Shane Dean Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability comparations.	agree to act in this capac roper and complete perfo osition as registered age erely reflect a change in wy has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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

INH\$18 (05/08)

Signature of Registered Agent