## L14000116442

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:									
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)								
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)								
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)								
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)								
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL								
Certified Copies Certificates of Status	(Business Entity Name)								
Certified Copies Certificates of Status	(Document Number)								
	(bocument Humber)								
Special Instructions to Filing Officer:	Certified Copies Certificates of Status								
	Special Instructions to Filing Officer:								

Office Use Only



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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	Walton Funding LLC		
	bility Company		
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered Off	ice Change and fo	ec(s) are submitted for filing.
Please r	return all correspondence concerning th	is matter to the fo	ollowing:
Amanda	a Smith		
	Name of Person		_
Walton	Funding LLC		
	Firm/Company		_
9961 E (	County Highway 30A, Suite 7		
	Address		<del>-</del>
Inlet Be	ach, FL 32461		
	City/State and Zip Code		_
Amanda	@waltonfunding.com		
E-	mail address: (to be used for future ann	ual report notific	ation)
For furt	her information concerning this matter.	please call:	
Amanda	s Smith	850 at (	608-3029 Ext 107
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

## 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.

Ι.	Na	me of the limited liability company: Walton Funding L	.LC					
2. (		Walton Funding LLC	(1	Walton F	unding LLC	<u>-</u>		
w. (te)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,		Mailing address of lit (Note: MAY BE I		-	•
		9961 E County Highway 30A	9961 E County Highway 30A					
		Inlet Beach, FL 32461	_	Inlet Beac				
		07/10/2014		L14000116442				
3.		Date of filing/registration in Florida	4.		Document numb	er		
5. (	(a)	Tucker, James K						
	(-)	Registered Agent and Registered Office shown on the records of the 400 Cannonball Lane: Watersound, FL 32461	de:					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	-	7.T 2.3.S	2021	
		400 Cannonball Lane		<del>-</del>		RET	2021 JAN -7	
		Watersound , FL	32461		_	ARY HAS	-7	
(	b)	Tucker, James K		00 77 17 17 18	PH ::			
`		Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		: 30	_
		NEW Registered Office Address:			_			
	9961 E County Highway 30A, Suite 7			_				
		Inlet Beach	32461		-			
char ager was	ige it v we	mited liability company is not organized under the law or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed office an empany, it is sited liabilit	d the business off s hereby confirme v company or as o	fice of the ed that the	registe	ered e(s)
<u> </u>		<b>—</b>		·	James K. Tu			
		ure of a member or authorized representative of a member			Printed or typed nar	_		
prov the a to m	isi obli ere	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performe for in C ereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further as duties, and I am fo 5, F.S. Or, if this o the limited liabili	gree to con amiliar wi document ty compan	mply w ith ana is beir iy has i	ith the accept g filed been
Sign	atu	e of Registered Agent						