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(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations						
SUBJECT:	ET: BULLSHARK FUNDING LLC Name of Limited Liability Company						
SOBJECT.							
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.				
Please return	all correspondence concerning the	nis matter to the fo	llowing:				
LLOYD G	REEN						
	Name of Person		-				
BULLSHA	RK FUNDING LLC						
	Firm/Company		-				
7025 CR 4	16a Ste. 1071 #432						
	Address		-				
Lake Mary	/ FI 32746						
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-				
lloyd@dol	phinassetgroup.com						
E-mail	address: (to be used for future an	nual report notific	ation)				
For further in	nformation concerning this matter	, please call:					
Lloyd Gree	en	407 at (590 1717				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314				
Enclosed is a check for the following amount:							
2 \$2	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.	Na	me of the limited liability company:					
2.	(a)	BULLSHARK FUNDING LLC	(1	b) _			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-, <u></u>		М	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		203 E Livingston Street		7	02	5 CR	46A Ste. 1071 #432
		Orlando	<u> </u>	L	ake	e Ma	ry
		FI 32801		FI	3	2746	
3.		Date of filing/registration in Florida	4.				Document number
5.	(a)	09/30/2014					
•	(4-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat					:
		Claudia Green					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		203 E Livingston Street					
		Orlando El 3	32801				C=4
		, 11					<u> </u>
•	(b)						OCT OCT
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>		fice address:			ASSET - 8
							T)
		NEW Registered Office Address:	-				— (Λ a—
		1115 E Livingston Street					
		The L Livingston ducet					***************************************
		Orlando, FL 3	32803				
the ag	e cha ent v is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the li	he regi pility co the lin	ster omp nited	ed o oany d lia	office , it is ability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			LLC	OY	D C	SREE	EN
5	Signat	ure of a member or authorized representative of a member		•	•		Printed or typed name of signee
pro the to	ovisi obli mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to ac erform for in (ereby c	t in lanc Cha onfi	this e oj ptei rm	capa f my d r 605, that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	/ gnatur	CorRegistered Agent					