L14000188130

(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:							

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COVER LETTER

TO:		stration Section sion of Corporations						
SUBJE	ect.	FLYAN FUND HOLDINGS, LLC	LYAN FUND HOLDINGS, LLC					
SOBJE	LC1:	Name of Limited Liability Company						
Dear S	ir or N	Aadam:						
The en	closed	Registered Agent/Registered Offi	ce Change ar	d fee(s) are submitted for filing.				
Please	return	all correspondence concerning thi	s matter to th	e following:				
Damase	o W. S	aavedra						
		Name of Person						
Saaved	lra-Goo	odwin						
		Firm/Company						
888 S.1	E 3rd /	Avenue, Suite 500						
		Address						
Fort La	auderd	ale, Florida 33316						
		City/State and Zip Code		 -				
	-	aw.com						
		address: (to be used for future ann		fification)				
For fu	rther i	nformation concerning this matter.	please call:					
Deann	a Pazo		954 at (767-6333				
-		Name of Person		Area Code & Daytime Telephone Number				
	Reg Div P.O	iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enc	closed is a check for the following	amount:					
	€ 9	325 Filing Fee	0	\$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.

1.	Na	me of the limited liability company: FLYAN FUND H	OLDIN	GS, LLC				
2. (a)		(b)				
~· (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 267 SUMMIT LEDGERS LANE				
		7901 S.W. 6TH COURT SUITE 140						
		PLANTATION, FL 33324		BANNI	VER ELK, NC 28604			
		12/09/2014		L140001	188130			
3,		Date of filing/registration in Florida	4.		Document number			
5	(a)	SAAVEDRA, DAMASO W, ESQ						
5. (a)		Registered Agent and Registered Office shown on the records of	ZI /					
		Registered Office Address (MUST BE FLORIDA STREET)						
		312 SE 17TH STREETSECOND FLOOR	PR 27					
		FORT LAUDERDALE , FL	33316		PH 3: 02			
(b)				102 FL			
,	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>						
		SAAVEDRA, DAMASO W, ESQ						
		NEW Registered Office Address:						
		888 S.E 3rd Avenue, Suite 500						
		$\overline{}$						
		Fort Lauderdale , FL	33316					
char ager was the	nge nt v /wc arti gnat	imited liability company is not organized under the law or changes are made the Florida street address of the vill be aftentical. On his the case of a Florida limited liaster authorized by an aftermative vote of the members of cless of organization of the operating agreement of the cure of a tember or authorized representative of a member of a tember of a temper o	register ibility confidence of the linited	red office ompany, i nited liab liability c	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Order of typed name of signee			
Sign	atu	re of Registered Agent						