## L1500017499a

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Shelby Funding, LLC			
SUDJE		e of Limited L	iability Company	
Dear Si	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.	
Picase :	return all correspondence concerning thi	is matter to the	following:	
David	H Katz			
	Name of Person		<del></del>	
Shelb	y Funding, LLC			
	Firm/Company			
228 E	Boca Raton Rd			
	Address			
Boca	Raton, FL 33432			
	City/State and Zip Code		<del></del>	
dhkat	z@shelbyfunding.com			
E	-mail address: (to be used for future and	wal report noti	ication)	
For fur	ther information concerning this matter,	, please call:		
David	H Katz	201	525-8022	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314	
	2661 Executive Center Circle Tallahassee, Florida 32301	Te	uianassee, fiorida 52514	
	Enclosed is a check for the following	; amount:		
	≥ \$25 Filing Fee	<b>a</b> s	55 Filing Fee & Certified Copy	
INHSI	B (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.

Name of the limited liability company: Shelby Fund 228 E Boca Raton Rd., Boca Raton, FL 334		B E Boca Raton Rd., Boca Raton, FL
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>22</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
October 14, 2015		000174992
Date of filing/registration in Florida	4.	Document number
a) Corporation Service Company		
Registered Agent and Registered Office shown on the records of Registered Office Address  **Registered Office Address*** **QUIST BE FLORIDA STREET**  4.004 Marin Office Address***		
1201 Hays Street		2018
Tallahassee . F	L32301	EB 29 EBASSE
Enter name of NEW Resistered Agent and/or NEW Resistere  NEW Registered Office Address:	d Office address:	A II: 18 YOF STATE CEL FLORIDA
493 Boundary Blvd.		
Too boundary breat	<del></del>	<del></del>
Rotonda West	L33497	
e limited liability company is not organized under the lachange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of appanization or the operating agreement of the	of the registered liability compa of the limited e limited liabil	d office and the business office of the registe ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
gusture of a member or authorized representative of a member	<del></del>	Primed or typed name of signee
rreby accept the appointment as registered agent and a visions of all statutes relative to the proper and complet obligations of my position as registered agent as provid erely reflect a change in the registered office adaress, ited in writing of this change.	gree to act in the e performance ed for in Chap	nls capacity. I further agree to comply with a of my duties, and I am familiar with and acc ter 605, F.S. Or, if this document is being fi
erely reflect a change in the registered office address, i fied in writing of this change.	l hereby confir George E. Mil	m that the timited tiabuity company has been

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