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SECRETARY OF STATE FALLAHASSEE, FLORIDA

AUG 13 2018 S. YOUNG R AND IO PH O

COVER LETTER

	Division of Corporations						
SUBJE	Island Rock Funding LLC						
00241	Name of Limited Liability Company						
Dear Sir	r or Madam:						
The enc	losed Registered Agent/Registered Of	Tice Change and	I fee(s) are submitted for filing	1.			
Please r	eturn all correspondence concerning the	his matter to the	following:				
Howar	d Ready						
	Name of Person		····				
Island	Rock Funding LLC						
	Firm/Company						
24 Isla	nd Rock						
	Address		<u> </u>	18 1ALL			
Plymoi	uth MA 02360			AUG AIIAS			
	City/State and Zip Code			IG TO PH TARSSEE, FEL			
Islandr	ockfunding@outlook.com			PH 6: 38 PLORIDA			
E-1	mail address: (to be used for future an	nual report noti	fication)	5: 38			
For fu rti	ner information concerning this matter	, please call:		_			
Howard	d Ready	508 at (5441636				
	Name of Person		Area Code & Daytime Tele	phone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Ro Di P.e	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314				
	Enclosed is a check for the following	g amount:					
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	ý			

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

i.	Na	ime of the limited liability company: Island Rock	k Funding	3	
2	(a)	1050 Borghese Lane #502		b)	
	(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples, Florida, 34114		Same	
		09/22/2016		L16000	177158
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Howard Ready			_
		Registered Agent and Registered Office shown on the records	of the Florid	la Dept, of St	ate:
		1050 Borghese Lane #502			16
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>(S)</u>	FILED AUG 10 PM 6: 38 THE FAIL STATE LANASSEE, FLORIDA
			_{EI} 34114		TO PED
			rL		
	(b)	Enter name of NEW Registered Agent and/or NEW Register			6: 38 [A]]_ ORIDA
)A			
		Howard Ready			
		NEW Registered Office Address:			_
		9477 Livorno Court			·
		Naples	_{FL_} 34119	ļ	_
the age wa	cha ent v s/we arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the interest of a member of a member or authorized representative of a member	of the reg I liability e rs of the lir the limited	istered offi ompany, it nited liabil liability co Hou	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. ARD READY Printed or typed name of signee
pro the	visi vobl mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address. I in writing of this change.	agree to ac ete perforn ided for in . I hereby c	et in this ca nance of m Chapter 6 confirm the	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been

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

Signature of Registered Agent