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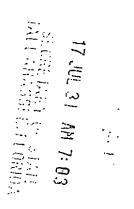
(R	equestor's Name)					
(Address)						
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(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	American Senior Lending, LLC		
		mited Liabil	ity Company
Dear Sir c	or Madam:		
The enclo	osed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matte	er to the follo	owing:
Seth Ra	ndelman		
_	Name of Person		
America	an Senior Lending, LLC		
	Firm/Company		
433 Pla	za Real, Suite 275		
-	Address		
Boca Ra	aton, FL 33432		
	City/State and Zip Code		
seth@le	endingforseniors.com		
E-m	ail address: (to be used for future annual rep	ort notificati) on) !
For furthe	er information concerning this matter, please	call:	
Seth Ra	idelman at (631	897-3042
	Name of Person	A	rea Code & Daytime Telephone Number
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ssee, Florida 32314
E	inclosed is a check for the following amou	nt:	
2	3 \$25 Filing Fee	□ \$55 F	iling Fee & Certified Copy
INHS18 (3	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.

l.	Na	me of the limited liability company: American Senior	r Le	ending, LLC	;	
2.	(a)	American Senior Lending, LLC	1,	(b) American Senior Lending, LLC		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		433 Plaza Real, Suite 275		433 Plaz	a Real, Suite 275	
		Boca Raton, FL 33432		Boca Ra	ton, FL 33432	
		12/5/16, effective 1/1/17		L1600022	20052	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Seth Radelman				
	• /	Registered Agent and Registered Office shown on the records of the F	Flori	da Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADD	red Office Address (MUST BE FLORIDA STREET ADDRESS)			
551 Lavers Circle #174			_	17,		
		Delray Beach , FL 33	444	1	10 JUL 3 11 ASS	
	(b)	Seth Radelman			SE 19	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	ice a	ddress:	AM 7: 03	
		NEW Registered Office Address:	<u> </u>			
		433 Plaza Real, Suite 275				
		Boca Raton, FL_33	432	2		
the age	cha ent w s/we	imited liability company is not organized under the laws or nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	reg ity d ne li iited	istered office company, it is mited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
s	ignat	ure-of a member or authorized representative of a member	_		Printed or typed name of signee	
pro the to i not	ovisu obli mere ified	by accept the appointment as registered agent and agree to ons of all stantes relative to the proper and complete per igations of hy position as registered agent as provided for ely reflect a change in the registered office address, I here I in writing of this change.	to a fori or in eby	ct in this cape nance of my c Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	
Sig	natu	re of Registered Agent				
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00						

INHS18 (2/14)