117000013992

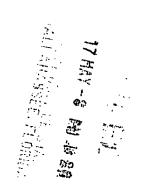
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER L'ETTER

TO: Registration Section Division of Corporations					
SUBJECT:	RAID FL Name of Li	MOING LLC mited Liability Company			
Dear Sir or Madam:	Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JUNE Nar	PLUMB ne of Person	and the same of th			
RAPID FUNDING LLC Firm/Company					
4724 WINGROVE BLUD Address					
ORLANDO City/St	FL, 328 ate and Zip Code	19			
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (407) 488-3160 Area Code & Daytime Telephone Number					
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	ER ADDRESS: nations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
☑ \$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	ime of the limited liability company:	GIGE	FUNDING LLC
2. (a)		(b)	
2. (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)
	3700 COMMERCE BLUD		
	KUSSIMMEE, FL, 3474,		
			L17000013992
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(,	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
	HARM TRY-DINGS GRO	الم الم	L-C
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	3700 COMMERCE B		
	KISSIMMGE, FI	34	-74/
(b)	JUNE PLUMB		
` '	Enter name of NEW Registered Agent and/or NEW Registered		ress:
	,		
	4724 WINGROVE C	3200	7
	NEW Registered Office Address:		
	ORLA-DO FI	L 3z	2819
10.1		C.I. C	CEL 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address o	ws of the S f the registe	state of Florida, it is nereby confirmed that after tered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited h	iability com	npany, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the limited lia	ted liability company or as otherwise provided in ability company.
art	DOIL.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
поную	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in performan ed for in Ch hereby con	
Signati	ire of Registered Agent		