117000103701

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

Office Use Only



100321564491

12/03/18--01014--022 **25.00



RD1018

DEC 0 6 2018

COVER LETTER

	Registration Section Division of Corporations	٠,							
SUBJE	GET LIQUID FUNDING LLC	GET LIQUID FUNDING LLC							
.5016) E	Name of Limited Liability Company								
Dear Sir	r or Madam:								
The enc	losed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.						
Please r	eturn all correspondence concerning th	is matter to th	e following:						
Kevin	Horn								
	Name of Person								
GET L	IQUID FUNDING LLC								
	Firm/Company								
2300 F	Palm Beach Lakes Blvd Suite 21:	5							
	Address								
West F	Palm Beach/Florida 33409								
•	City/State and Zip Code								
Khorn	@getliquidfunding.com								
E-	mail address: (to be used for future ann	nual report not	ification)						
For furt	her information concerning this matter.	, please call:							
Kevin I	Horn	561	632-6187						
	Name of Person		Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R C H	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	me of the limited liability company:	UNDIN	IG LLC		
	2300 Palm Beach Lakes Blvd				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 215	_ _	Suite 21	5	
	West Palm Beach, Fl 33409	_	West Pa	alm Beach, Fl 33409	
	05/17/2017	ļ	L1700010	09676	
3.	Date of filing/registration in Florida	4.	<u>. </u>	Document number	
5. (a)	Jaime DaCosta				
5. (u)	Registered Agent and Registered Office shown on the records of the 7801 EDGEWATER DR	he Florida	Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	!	-	
	West Palm Beach . FL	33406			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 2300 Palm Beach Lakes Blvd		lress:	MINDEC-3 MI 3:58	
	NEW Registered Office Address:		-	8	
	Suite 215			<u> </u>	
	West Palm Beach	33409	<u>.</u> .	_	
the cha agent	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the lim limited l	stered offic ompany, it iited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member		MII FIOITI	Printed or typed name of signee	
=	thy accept the appointment as registered agent and agricons 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 had in writing of this change.	ee to act perform d for in C hereby c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent Division of Corporations ◆ P.O. I	Box 632	7● Tallaha	nssee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)