L17000 224851

(Requestor's Name)				
(Address)				
(Address)				
(Cid	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations		•· :		
SUBJ	PAST AND FURIOUS FUNDING, LLC Name of Limited Liability Company				
Dear S	ir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning the	nis matter to the fo	ollowing:		
Juan	Pablo Cappello				
	Name of Person		_		
Priva	te Advising Group, P.A.				
	Firm/Company	· · · ·	_		
600 E	Brickell Avenue, Suite 1725				
	Address		_		
Miam	i, Florida 33131				
	City/State and Zip Code				
јр@р	ag.law				
Ī	-mail address: (to be used for future and	nual report notific	cation)		
For fu	ther information concerning this matter	, please call:			
Juan	Pablo Cappello	786	292-1599		
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	2 \$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. Name of the limited liability company: Fast and Furious Funding, LLC					
2. (a)	600 Brickell Avenue	(b) 600 Brickell Avenue			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 1725	Suite 17	25		
	Miami, Florida 33131	Miami, Florida 33131			
	10-30-17	L17000224851			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Northwest Registered Agent LLC				
()	Registered Agent and Registered Office shown on the records of to 7901 4th Street N.	the Florida Dept. of Stat	FIL 2019 AUG 20		
	Registered Office Address (MUST BE FLORIDA STREET) Suite 300				
	St. Petersburg	33702			
(b)	Juan Pablo Cappello Entername of NEW Registered Agent and/or NEW Registered 600 Brickell Avenue NEW Registered Office Address: Suite 1725	Office address:	MH 10: 37		
	Miami FL	33131	-		
agent v	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	the registered office ability company, it is if the limited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
		Juan Pablo C	Cappello		
	ture of a member of authorized representative of a member		Printed or typed name of signee		
the oblice to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I fair in writing of this change. The of Registered Agent	ee to act in this cap performance of my I for in Chapter 605 iereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been		
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