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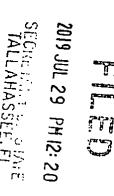
| (Requestor's Name)      |                    |           |  |  |
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| (Cit                    | y/State/Zip/Phone  | ÷ #)      |  |  |
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| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |
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| Special Instructions to | Filing Officer:    |           |  |  |
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Office Use Only



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AUG = 1 2019 C Kinsey

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations              |                    |                                      |  |  |
|---|--|--------------------|--------------------------------------|--|--|
| SUBJE   | DSP Capital Funding LLC                                    |                    |                                      |  |  |
|   | Nam  | e of Limited Lia   | bility Company                       |  |  |
| Dear Si   | 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:                   |  |                    |                                      |  |  |
| Kevin   | Meyer  |                    |                                      |  |  |
|   | Name of Person   |                    | _                                    |  |  |
| DSP (   | Capital Funding LLC  |                    |                                      |  |  |
|   | Firm/Company   |                    | <del></del>                          |  |  |
| 3003  | S. Congress Ave.   |                    |                                      |  |  |
|   | Address  |                    | _                                    |  |  |
| Palm  | Springs, FL 33461  |                    |                                      |  |  |
|   | City/State and Zip Code                                    |                    | _                                    |  |  |
| KMey  | er@dspcapitalfunding.com                                   |                    |                                      |  |  |
| E-  | -mail address: (to be used for future ann                  | ual report notific | cation)                              |  |  |
| For further information concerning this matter, please call:                                |  |                    |                                      |  |  |
| Kevin   | Meyer  | 845<br>at (        | 222-2963                             |  |  |
|   | Name of Person   |                    | Area Code & Daytime Telephone Number |  |  |
|   | STREET/COURIER ADDRESS: Registration Section               |                    | ILING ADDRESS: istration Section     |  |  |
|   | Division of Corporations                                   |                    | sion of Corporations                 |  |  |
|   | Clifton Building   | P.O. Box 6327      |                                      |  |  |
|   | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tall               | ahassee, Florida 32314               |  |  |
|   | Enclosed is a check for the following amount:              |                    |                                      |  |  |
|   | <b>☑</b> \$25 Filing Fee                                   | <b>□</b> \$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. N   | lame of the limited liability company: DSP Capital   | Funding LLC  |  |  |
|--|--|--|--|--|
| 2. (a)   | 3003 S. Congress Ave.  | (b) SAMI   | <br>E  |  |
| 2. (u)   | 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)   |  |
|  | Palm Springs, FL 33461   | <del></del>  |  |  |
|  | March 29, 2019   | L19000   | 0087343  |  |
| 3.   | Date of filing/registration in Florida   | 4.   | Document number  |  |
| 5. (a  | United States Corporation Agents, Inc.   |  |  |  |
| J. (u  | Registered Agent and Registered Office shown on the records of   | the Florida Dept. of S   | State:   |  |
|  | 5575 S. Semoran Blvd.  |  |  |  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |  |  |  |  |
|  | Suite 36   |  | 2019 JUL<br>SECALA   |  |
|  | Orlando , FL   | 32822  | AHAS   |  |
| (b)  | K&L Meyer Congress LLC   |  | SSEE FILE  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered   | l Office address:  | 2: 20<br>FL  |  |
|  | 3003 S. Congress Ave.  |  |  |  |
|  | NEW Registered Office Address:   |  |  |  |
|  | Suite 1A   |  | <del></del> _  |  |
|  | Palm Springs , FL  | 33461  |  |  |
| the ch<br>agent<br>was/w                                   | limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | f the registered of<br>ability company,<br>of the limited liab | fice and the business office of the registered<br>it is hereby confirmed that the change(s)<br>ility company or as otherwise provided in |  |
|  |  | Kevin Mey  |  |  |
| _  | ature of a member or authorized representative of a member   |  | Printed or typed name of signee  |  |
| provis<br>the ob<br>to mei                                 | eby accept the appointment as registered agent and age<br>sions of all statutes relative to the proper and complete<br>oligations of my position as registered agent as provide<br>rely reflect a change in the registered office address, I<br>red in writing of this change.               | e performance of n   | ny duties, and I am familiar with and accept   |  |
| Signat   | ure of Registered Agent Mng MPn  |  |  |  |