Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004171143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CIIIGTE	Audi C33	 	 	

LLC REGISTERED AGENT CHANGE PRIME LEGAL FUNDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

DET OF WAR

## 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.

Florid								
I. Na	nme of the limited liability company: Prime	E Legal Fu	unding, LLC					
2. (a)	1256 N BRONOUGH ST	(b)	(b) 1256 N BRONOUGH ST  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
2. (4)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)							
	TALLAHASSEE, FL 32303	<del></del>	TALLAHASSE	E, FL 32303				
	01/14/2020		_20000008504					
3.	Date of filing/registration in Florida		Document	number				
	EDIC WOODY							
5. (a)	Registered Agent and Registered Office shown on the rec  1256 N BRONOUGH ST  Registered Office Address (MUST BE FLORIDA ST		<del></del>					
	TALLAHASSEE  Registered Agents Inc.	<sub>, FL</sub> 32303						
(b)	Enter name of NEW Registered Agent and/or NEW Re	evistered Office add	ress:					
	7901 4th St N			COLUMN DEC				
	NEW Registered Office Address:							
	STE 300			1				
	St. Petersburg	FL_33702		PE				
the chagent was/w the ar Sign I her provi.	limited liability company is not organized under lange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lir were authorized by an affirmative vote of the meticles of organization or the operating agreementative of a member or authorized representative of a member object the appointment as registered agent syions of all statutes relative to the proper and cooligations of my position as registered agent as rely reflect a change in the registered office addressiving of this change.	mited liability co embers of the limited limit of the limited	in this capacity. I fundance of my duties, and the banker 605 F.S. Or.	onfirmed that the change(s) or as otherwise provided in syped name of signee rther agree to comply with the II am familiar with and accep- if this document is being filed				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent