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COVER LETTER

TO: Registration Section Division of Corporations	•			
LOCAL FINANCE HOLDINGS, L SUBJECT:	LC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this r	matter to the following:			
Cherly Wilke				
Name of Person				
Lewis Brisbois				
Firm/Company				
110 S.E. 6th Street, Suite 2600				
Address				
Fort Lauderdale, Florida 33301				
City/State and Zip Code				
Cheryl, Wilke@lewisbrisbois.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, ple	ease call:			
Ottell VC WILKE	at (451) 4154044			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following an	nount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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	ame of the limited liability company: LOCAL FINA	ANCE HOLD	DINGS, LLC	
2. (a)	21400 N.W. 2ND AVE, MIAMI GARDENS, FL 33169	(b) _	21400 N.W. 2ND AVE. MIAMI GARDENS, F	L 33169
. (.,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	•
	12/02/2020	 -	L20000366516	
3.	Date of filing/registration in Florida	- _{4.} -	Document number	<u>-</u>
5. (a)	Andrew S. Brown, Esa	₹,	Pocument named	
J. (a)	Registered Agent and Registered Office shown on the records of 20950 N.W. 2ND AVENUE MIAMI GARDENS, FL 33		Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	, FI	•		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	<u></u> ; 20	
	Cheryl Wilke		POZI AUG 27 SALLAHA	
	NEW Registered Office Address:		27 F	
	110 S.E. 6th Street, Suite 2600		RY OF	
	Fort Lauderdale , FI	33301	D 4 2: 23	
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of iclest of organization or the operating agreement of the	registered of ability compositive limited limited liab	office and the business office of the register pany, it is hereby confirmed that the change ed liability company or as otherwise provide bility company.	ed (s)
/	nure of a member or authorized representative of a member	Justin I		
I here provis the obs to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete lightions of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change	ree to act in performanc d for in Cha herehy confi	Printed or typed name of signee in this capacity. I further agree to comply wince of my duties, and I am familiar with and lapter 605, F.S. Or, if this document is being firm that the limited liability company has b	th the accept i filed ven