## L23000474948

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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		MAIL	
(Business Entity Name)			
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## COVER LETTER

TO: Registration Section Division of Corporations

SCHULTZ FUNDING LLC SUBJECT: \_\_\_\_\_

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 matter to the following:

KIMBERLY SCHULTZ

Name of Person

SCHUETZ FUNDING LLC

Firm/Company

5397 ORANGE DRIVE, STE 201

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

SCHULTZFUNDINGLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY SCHULTZ	786 344-9483 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

**3** \$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.

Name of the limited liability company:	DING LLC		
5397 Orange Drive, Suite 201, Davie, FL. 33314	(b) 5	5397 Orange Drive, Suite 201, Davie, FL, 33314	
Principal office address of limited liability company: ( <u>Note:_MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
10/16/2023		3000474948	
Date of filing/registration in Florida	4.	Document number	
Kimberly Schultz			
Registered Agent and Registered Office shown on the records o 900 S. State Road 7, Plantation, Florida 33317 Registered Office Address (MUST BE FLORIDA STREET			
	<u>AUDRESS)</u>	HALLER -	
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Vaula ant		S P	
b) Enter name of <u>NEW Registered Agent</u> and ar <u>NEW Registered</u>	ad Office uddres		
Liner name of <u>NEW Register of Agent</u> and M <u>NEW Register of</u>			
5397 Orange Drive, Suite 201, Davie, FL, 33314			
<u>NEW</u> Registered Office Address:			
5397 Orange Drive, Suite 201, Davie, FL. 33314			
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e limited liability company is not organized under the la ge or changes are made, the Florida street address of th t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members inticles of organization or the operating agreement of the mature of a member or authorized representative of a member	te registered o liability comp of the limited e limited liabi	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
<i>W</i> reby accept the appointment as registered agent and ac isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I	e performance	this capacity. I further agree to comply with the of my duties, and I am familiar with and acce pter 605, F.S. Or, if this document is being file rm that the limited liability company has been	
ture of Registered Agent	11	t i	
Division of Corporations P O	Roy 6377 .	Fallaharra El 32316	

Division of Corporations

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

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