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(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Carlified Carles	Certificates of Status				
Columba Copies					
Special Instructions to Filing Officer:					
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	J. HORNE				
	J. HORNE OCT 3 1 2024				
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95				
	REFERENCE		8462605				
	AUTHORIZATION	A STATE OF THE STA	7200-				
	COST LIMIT						
ORDER DATE : Oc	tober 29, 2024						
ORDER TIME : 2	:07 PM						
ORDER NO. : 72	9550-007						
CUSTOMER NO:	8462605						
CHANGE OF AGENT							
NAME: CAPIFI FUNDING LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

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: CAPIFI FUNDI	NG LLC			
2. (a)			h)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3323 NE 163RD ST STE 401		3323 NE	163RD ST STE 401	
	NORTH MIAMI BEACH, FL 33160		NORTH	MIAMI BEACH, FL 33160	
	10/16/2023		L230004	75306	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)				
<i></i> (u	Registered Agent and Registered Office shown on the records o YAGUDAEV, LIOR	f the Florid	a Dept. of St	ale:	
	3323 NE 163RD ST SUITE 401	740			
	NORTH MIAMI BEACH	33160		2024-000-30-50	
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office ac	<u>ldress</u> :	_ S C S S S S S S S S S S S S S S S S S	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee F	32301		_	
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the teck Eisner.	e register iability co of the line limited	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ged in writing of this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent Grace E. Kirby, Asst. Vice Pre	aldaet			
	The Charle E. Kirdy, Asst. Vice Pre	SIGCIII			

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FILING FEE: \$25.00 729550