## :M05000002270

(R	equestor's Name)	
(A	ddress)	
·	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	dusiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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RA	- change	
Office Use Only		



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10/02/13--01014--008 \*\*25.00

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SEGRETARY OF STATE

T. Buren OCT -4 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: September 30, 2013

Order#: 819392-110

Re: ARBOR COMMERCIAL FUNDING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: ARBOR C	COMMERCIAL FUNDING, LLC
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	mpany: 333 Earle Ovington Boulevard, #900 Uniondale, NY 11553
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	333 Earle Ovington Boulevant #900 Uniondale, NY 11553
04/29/2005	M05000002270
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	<b>≫</b> ∞
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	or NEW Registered Office address:  Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chat the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or agreement of the limited liab	, the Florida street address of the registered office e identical. Or, in the case of a Florida limited inge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office I to merely reflect a change in writing of this change.
By: Whose Lekuby, Signature of Registered Agent Corporation Service Comp	

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