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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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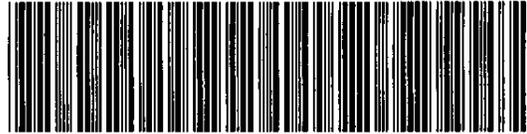
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 APR 12 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: License Funding , LLC
Name of Limited Liability Company

FILED: STATE
DIVISION OF CORPORATIONS
12 APR 12 PM 4:49

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:

Cindy Block
Name of Person

License Funding LLC
Firm/Company

12304 Santa Monica Blvd Suite 100
Address

Los Angeles, Ca. 90025
City/State and Zip Code

cindy@liquorlicense.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Block at (310) 893.1121
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$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 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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 12 PM 4:49

1. Name of the limited liability company: License Funding, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**) 2295 S. Hiawassee Rd
Orlando, FL 32835

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) 2295 S. Hiawassee Rd
Orlando, FL 32835

10/2008
3. Date of filing/registration in Florida

M0800000 4482
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Mary Anne Ferrel

Registered Office Address: 5104 N. Orange Blossom Trail #104
Orlando FL 32810

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 2295 S. HIWASSEE RD STE #102
Orlando, FL 32835

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Craig Block
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mary Anne Ferrel
Signature of Registered Agent

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