MOGODOOZIG

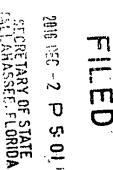
| . (Re | questor's Name) | | | | | | | |
|---|-------------------|------|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | | |
| (Bu | siness Entity Nar | me) | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Office Use Only



300292676863

12/02/16--01016--006 **25.00



S Warren DEC 05 2018



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 30, 2016

Order#: 369523-005

Re: DEALER FUNDING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby

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 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. | Na | me of the limited liability company: DEALER FUNDI | NG LLC | | | | | | |
|-----------|---|--|---|--|--|---------------------|---------------------------------|--|--|
| 2 | (a) | 1725 Windward Concourse, Suite 400 | (b) |) | | | | | |
| | (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | Alpharetta, GA 30005 | - | | | | | | |
| | | 01/15/2009 | _ | M0900000 | 0216 | | | | |
| 3. | | Date of filing/registration in Florida | 4. |] | Document numb | er | | | |
| 5. | (a) | National Corporate Research, Ltd., Inc. | | | | | | | |
| | ` ' | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | |
| | | 115 North Calhoun Street | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | ! | .e | 2 | | | |
| | Suite 4 | | | | | 2016 1 | 77 | | |
| | | Suite 4 | • | | - EM | | | | |
| | | Tallahassee , FL_ | 32301 | | SSAR | -2 | - | | |
| | (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C | Office address: | | TARY OF STATE | | ED | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | | | | | | | | |
| | | Tallahassee , FL | 32301 | | | | | | |
| the ag | e cha ent v as/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regis bility co the lim | tered office mpany, it is ited liability | and the business hereby confirmed company or as | s office ed that | of the registered the change(s) | | |
| | <u> </u> | Xel E. Whit | Jill C | | ized Person | | | | |
| I pr | herei ovisi e obl mere tified | the of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | ee to act performa I for in C ereby co | | Printed or typed na city. I further a luties, and I am f F.S. Or, if this he limited liabili | • | - | | |
| Si | | 1 | BY: G | race E. Kirl | by, Asst. Vice | Preside | ent | | |