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(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: June 23, 2020

Order#: 325802-228

Re: SUTTON 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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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. N	lame of the limited liability company:	JNDING LLC	
2. (a)	745 Seventh Avenue	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10019		
	03/05/2009	M0900	0000901
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T Corporation System		
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records		f State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1200 South Pine Island Road		
	Plantation	33324 FL	2020.
	······································		
(b)			
	Enter name of NEW Registered Agent and/or NEW Registe	ered Office address:	Д Ш т
	Corporation Service Company		نون شرور المراقع المرا
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	FL_32301	
chang agent was/v the ar	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of table Cilmi	the registered office of the liability company is of the limited liability the limited liability	e and the business office of the registered, it is hereby confirmed that the change(s) bility 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 me notifie	eby accept the appointment as registered agent and c sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act in this ete performance of ided for in Chapter , I hereby confirm Corporation Scr	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Ămi	nure of Registered Agent M. Casper, Asst. Vice President		
	Division of Cornerations P (O. Box 6327 Tall	ahassee FI 32314

FILING FEE: \$25.00