M10000004803

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The soulest Designated Associated	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Howard A. Feldman	
Name of Person	
raine of reison	
Rex Funding LLC	
Firm/Company	
5901 Broken Sound Parkway NW, Suite 20	0
Address	
Boca Raton, FL 33487	
City/State and Zip Code	
accounting@qcapital.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	se call:
Alma Martinez	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	unt:
2 \$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 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: Rex Funding L	LC		
2	(a)	5901 Broken Sound Parkway NW, Suite 200		_(b) 5901 B	roken Sound Parkway NW, Suite 2
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Boca Raton Florida 33487	-	Boca Ra	aton Florida 33487
		11/01/2010	-	M100000	004803
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CORPORATION SERVICE COMPANY			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			e: -
		Tallahassee	3230	1-2525	<u>.</u>
		, FL	<u> </u>	1-2020	
	(b)	CT Corporation System			ST ST
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office	iddress:	一 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二
		NEW Registered Office Address:		-	70
		1200 South Pine Island Road			න් දින් විධිකර්
		1200 COURT IIIO ISIANO I COUR		· · · · ·	-
		Plantation , FL	3332	4	_
the ag wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laward a Feldman	he reposition in the limited in the	gistered office company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
	ignat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
pro the	ovisie obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete re igations of my position as registered agent as provided by reflect a change in the registered office address, I have the second of this change.	erfor for in ereby	mance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
*	2 mahl	Jenifer Telef Registered Agent Vice President & A			v
		Division of Corporationse P.O. R		•	

FILING FEE: \$25.00