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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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MECRETARY OF STATE

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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: Anthony Arthur anthony.arthur@cscglobal.com

Date: February 19, 2018

Order#: 074935-005

Re: ACR DEALER FUNDING L.L.C.

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: Anthony Arthur 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.

| | ame of the limited liability company: ACR DEALER F | -UNDING | NDING L.L.C. | | |
|---------------------------------------|---|--|---|--|--|
| 2. (a) | 6330 MANOR LANE STE. 200A Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | 6330 MANOR LANE STE. 200 Mailing address of limited lit (Note: MAY BE POST C | iability company: | |
| | MIAMI, FL 33143 | · | MIAMI, FL 33143 | | |
| 2 | 12/30/2013 | - , - | M13000008122 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | JOSE C PASTOR | ··· | | | |
| | Registered Agent and Registered Office shown on the records of t | the Florida I | Dept. of State: | ¥ مبي≢ | |
| | 6330 MANOR LANE 200B | | | _ | |
| | Registered Office Address (MUST BE FLORIDA STREET A | ADDRESS) | TALL ME | 8 FEB | |
| | MIAMI , FL | 33158 | | FILED 2: 57 FEB 21 PH 2: 57 | |
| (b) | Corporation Service Company | | | ان الله الله الله الله الله الله الله ال | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | ST ST | |
| | 1201 Hays Street NEW Registered Office Address: | | | | |
| | Tallahassee ,FL | 32301 | | | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | vs of the S the regist ability con of the limit | ered office and the business office npany, it is hereby confirmed that ted liability company or as others | ce of the registered the change(s) | |
| | /S/ Aron Epstein | Aron | Epstein, Authorized Person | | |
| Signa | ature of a member or authorized representative of a member | | Printed or typed name of s | signee | |
| provis the ob to mer notifie | eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | ee to act i performa d for in Ci iereby coi | n this capacity. I further agree t nce of my duties, and I am famili hapter 605, F.S. Or, if this docun nfirm that the limited liability con | o comply with the ar with and accept nent is being filed npany has been | |
| Signati | ure of Registered Agent Corporation Service Company | | ace E. Kirby, Assistant Vice P | resident | |
| | Division of Corporations• P.O. B | sox 63274 | Tallahassee, FL 32314 | | |



February 21, 2018

DAN LANDIS 7284 W PALMETTO PARK RD STE 302 BOCA RATON, FL 33433

SUBJECT: BOCA EXECUTIVE TITLE, L.L.C.

Ref. Number: L04000083341

We have received your document for BOCA EXECUTIVE TITLE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please list a description of information that must be included in a written claim on the Notice of Dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00003644

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org