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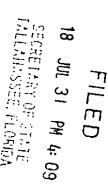
| (Re | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|--|---|
| SUBJI | Glenview Auto Loan Finance | e Fund LLC |
| 000, | | e of Limited Liability Company |
| Dear S | Sir or Madam: | |
| The en | closed Registered Agent/Registered Offic | ce Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the following: |
| Dear | n Valentine | |
| | Name of Person | |
| Glen | view Auto Loan Finance Fund LLC | ; |
| | Firm/Company | |
| 1353 | 4 Plaza Rd Extension Suite 112 | |
| | Address | |
| Char | lotte, NC 28215-8921 | |
| | City/State and Zip Code | |
| dvale | entine@glenviewfinance.com | |
| Ī | 3-mail address: (to be used for future annu | ual report notification) |
| For fu | rther information concerning this matter, | please call: |
| Dean | Valentine | at () (773) 327-5183 |
| | 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 |
| INHS1 | 8 (2/14) | |

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

| | 13534 Plaza Rd Extension Suite 112 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | |
|-----|---|--------------------|---|--|
| | Charlotte, NC 28215-8921 | | narlotte, NC 28215-8921 | |
| | 05/26/2015 M | | 15000004130 | |
| | Date of filing/registration in Florida | 4. | Document number | |
|) | RODRIGUEZ, JOSEPH | | | |
| | Registered Agent and Registered Office shown on the records | of the Florida Dep | t. of State: | |
| | 6115 14TH STREET WEST | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | 野協 多 | |
| | BRADENTON | FL_34207 | FILED JUL 31 PM 4: 09 LANGE FLORIDA | |
|) . | Enter name of NEW Registered Agent and/or NEW Register | red Office address | PR D | |
| | REGISTERED AGENTS INC. | | 4. 09 ATE ATE ATE | |
| | NEW Registered Office Address: | | | |
| | 3030 N. Rocky Point Drive, STE 150A | | | |
| | | FL 33607 | | |

Dean F. Valentine, Manager

Signature of a member of authorized representative of a member

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 605, 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.

Bill Havre/Assistant Secretary

Signature of Registered Agent