Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000898163)))



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Division of Corporations

Fax Number : (850)617-6383

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone . : (850)656-7956

: (850)656-7953 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FUNDING WONDER CAPITAL LLC

| Certificate of Status | · 0 |
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March 21, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FUNDING WONDER CAPITAL LLC 175 SW 7TH STREET, SUITE 1800 MIAMI, PL 33130US

SUBJECT: FUNDING WONDER CAPITAL LLC

REF: M16000005529

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60.11 days or your filing will be considered abandoned.

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

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H18000089816 Letter Number: 218A00005660

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| State: Funding Wonder Capital LLC | |
| Enter new principal office address, if applicable: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| 2. The Florida document number of this limited liab | pility company is: M16000005529 |
| 3. Jurisdiction of its organization: Delaware | 2918 |
| 4. Date authorized to do business in Florida: 7/1 | 1/2016 |
| SECTION II (5-9 complete only the applicable of | نب (ما hanges) |
| 5. New name of the limited liability company: | eriesOne Capital, LLC |
| (must | contain "Limited Liability Company, " "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name." or "LLC-") |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad | d officer address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida Street Address |
| | |
| _ | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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.

| / Capacity | Name | <u>Address</u> | Type of Acti |
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Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FUNDING WONDER
CAPITAL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "SERIESONE CAPITAL, LLC" ON THE FIFTEENTH DAY OF MARCH,

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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6081379 8320 SR# 20182154959 Authentication: 202382117

Date: 03-23-18

A.D. 2018, AT 4:56 O'CLOCK P.M.