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TO: Registration Section

Division of Corporations		
F3EA Funding LLC SUBJECT:		
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Mollie Wander, Esq.		
Name of Person		
F3EA Funding LLC		
Firm/Company		
1855 Griffin Road, B390		
Address		
Dania, FL 33004		
City/State and Zip Code		
compliance@skyfinancial.com		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please	call:	
Mollie Wander, Esq.	954 317-1448	
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 amou	nt:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (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 Florida.

Name of the limited liability company: F3	BEA Funding LLC		
(a) no change	(b)_no	(b) no change	
Principal office address of limited liabilit (Note: MUST BE STREET ADDI	y company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
08/19/2016		6000006740	
Date of filing/registration in Flo	orida 4.	Document number	
(a) Registered Agent and Registered Office shown of Corporation Service Company	n the records of the Florida Dept.	. of State:	
Registered Office Address (MUST BE FLOR	RIDA STREET ADDRESS)		
1201 Hays Street			
Tallahassee	, FL 32301		
Enter name of NEW Registered Agent and/or N Aura Prata			
NEW Registered Office Address:			
1855 Griffin Road, B390			
Dania	FL_33004		
ent will be identical. Or, in the case of a Flor	eet address of the registered ida limited liability compar the members of the limited l eement of the limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
ignature of a member or authorized representative of a		Printed or typed name of signee	
hereby accept the appointment as registered of ovisions of all statutes relative to the proper of obligations of my position as registered age, merely reflected after the registered officing in writing of this change.	noent and avree to act in th	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
gnature of Registered Agent			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00