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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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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: Meghan Groom meghan.groom@cscglobal.com

Date: September 13, 2019

Order#: 907447-024

Re: SIGNAL FUNDING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Meghan Groom

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.

OUCA.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 of the following statement in order to change its registered or the following statement in order to change its registered or the following statement in order to change its registered or the following statement in order to change its registered or the following statement in order to change its registered or the following statement in order to change its registered or the following statement in

| 1. | | | | | |
|------------------|------------------------|---|--|--|--|
| 2. | (a) | 1855 Griffin Road Suite B-354 | (b) | | |
| | · <i>y</i> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | Dania Beach FL 33004 | | | |
| | | 09/06/2016 | M160 | 00007071 | |
| 3. | | Date of filing/registration in Florida | 4. | Document number | |
| 5. | (a) | C T CORPORATION SYSTEM | | | |
| | (11) | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of | State: | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | |
| | | | | A 19 | |
| | | PLANTATION , FL | 33324 | SEP IN AFFAS | |
| | (b) | Corporation Service Company | | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office address: | | |
| | | 1201 Hays Street | | <u> </u> | |
| | | NEW Registered Office Address: | | | |
| | | | | | |
| | | Tallahassee , FL | 32301 | <u></u> | |
| the ag wa | cha ent w is/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the registered of bility company, f the limited liab | ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in | |
| | | Xie & Goni | Jill Cilmi, Au | uthorized Person | |
| | Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee | |
| pri the to | ovisie oble mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | performance of . I for in Chapter | my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed | |
| Si | gnatui | re of Registered Agent Corporation Service Company | BY: Grace E. | Kirby, Asst. Vice President | |

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