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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1552 Fax Number : (407)540-2699

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

Email Address: <u>nicole. Ostertag @ KKR .com</u>

LLC REGISTERED AGENT CHANGE JERSEY CITY FUNDING LLC

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K. SALY NOV 2 1 2017

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.

1. Na	ame of the limited liability company:	CITY FUND	DING LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b	м.	ailing address of limiter	
	Orlando, FL 32801			FL 32802	
	07/24/2017		M170000	06243	
3.	Date of filing/registration in Florida	4.	1	Document number	
5. (a)	Registered Agent and Registered Office shown on the recon- Linda A. Scarcelli Registered Office Address <u>GMUST BE FLORIDA STRI</u> 450 S. Orange Avenue				2011 NOV 20 PALLAHASSI
	Orlando,	, FL 32801			器号?
					\$550 O
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and New Registered Agent	tecred Office ad	dress:		2011 NOV 20 AN 10: 53 SEURETARY OF STATE JALLAHASSEE, FLORID!
	NEW Registered Office Address:		1		÷ .
	201 S. Orange Avenue, Suite 700				
	Orlando	, FL 32801			
the cha agent v	imited liability company is not organized under the ange or changes are made, the Florida street addressible to identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membioles of organization of the operating agreement of	ss of the regi: ed liability co ers of the lim	stered office impany, it is lited liability	and the business of hereby confirmed t company or as other	tice of the registered hat the change(s)
/	End Scarcello	Lin	da A. Scar		
I here provis the ob- to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proefly reflect a change in the registered office address d in writing of this change.	d agree to acc piele perform wided for in (ss, I hereby co	in this coma	Printed or typed name of city. I further agre- luties, and I am fam F.S. Or, if this doc he limited liability o	e to comply with the
3 (Kuntr	ne of Registered Agent Division of Corporations • P.	.O. Box 6323	/• Tallahass	see, FL 32314	

FILING FEE: \$25.00

INH\$18 (2/14)