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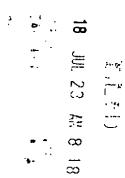
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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JUL 2 8 2018 S. PRATHER

WOLZ CORPORATE USA

36 South 18th Avenue, Suite D. Brighton, CO 80601

WWW.WOLZCORPORATE.COM

T: 303.655.9659 F: 303.942.7322

MIKE@WOLZCORPORATE.COM

July 17, 2018

Via USPS

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: Change of Agent

To whom it may concern:

Please file the enclosed 1 Change of Agent document(s).

Upon completion, please email or mail evidence to me at the address above.

Please let me know if you have any questions.

Best regards,

Mike Mirrione

mike@wolzcorporate.com

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: FEDE	ERAL PACIFIC CREE	DIT COMPAN	IY, LLC	
	Na	une of Limited	Liability Company	
Dear Sir or Madam:				
The enclosed Regist	ered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.	
	respondence concerning t			
Michael Mirrione				
	Name of Person	-		
Wolz Corporate t	JSA			
	Firm/Company			
36 S. 18th Ave. S	Suite D			
	Address			
Brighton, CO 806	01			
(City/State and Zip Code			
E-mail address:	(to be used for future and	nual report noti	fication)	
For further information	on concerning this matter	. please call:		
Michael Mirrione		303 at (665.9659	
Name	of Person	(Area Code & Daytime Telephone Number	
Registration 9 Division of C Clifton Build	orporations ing ve Center Circle	Re Di P.e	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	check for the following	amount:		
2 \$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

1. Na	ame of the limited liability company: FEDERAL P	PACIFIC CRED	OIT COMPANY, LLC		
2. (a)	140 W 2100 S SUITE 220 (b) 140 W		W 2100 S SUITE 220		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:		
SALT LAKE CITY, UT 84115		7 I A 2	(<u>Note: MAY BE POST OFFICE BOX</u>) SALT LAKE CITY, UT 84115		
			LAKE CITY, UT 84115		
,	01/18/2018	M1800	00000566		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	BUSINESS FILINGS INCORPORATED				
	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD	the Florida Dept. of S	State:		
	Registered Office Address (MUST BE FLORIDA STREET.				
	Plantation	33324	JUL 2		
(b)	Universal Registered Agents, Inc.		ω :		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_ まで		
	3458 Lakeshore Drive	-			
	NEW Registered Office Address:				
	Tallahassee	32312	<u> </u>		
agent wi was/weri	nited liability company is not organized under the law ge or changes are made, the Florida street address of Il be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members o les of organization or the operating agreement of the	vs of the State of I the registered offi ibility company, it f the limited liabil limited liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
Signatur	re of a member or authorized representative of a member	atton, Managing Member			
I hereby provision the oblig to merely notified i	ouccept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address. I him writing of this change	ve to act in this ca performance of m I for in Chapter 60 ereby confirm tha	Printed or typed name of signee apacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		

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