M1800000 4380

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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COVER LETTER

Division of Corporations	•					
Fidus Finance, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	range and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	ter to the following:					
Jordan Cohen						
Name of Person						
JM Cohen Law, PA						
Firm/Company						
9100 NW 26th Place						
Address						
Sunrise, FL 33322						
City/State and Zip Code						
dustin@fidusfi.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Jordan Cohen	305 912-5029					
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 amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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. N	ame of the limited liability company: Fidus Finance	, LL	C	_	
2. (a)	1209 Orange St		(b)	390 N C	range Ave
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		Suite 23	00
	Wilmington, DE 19801	_		Orlando	, FL 32801
	5/7/2018		N	/ 180000	04380
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Dustin Lauer				
()	Registered Agent and Registered Office shown on the records of th	ic Floi	rida I	Dept. of State	- 2:
	1000 LEGION PL				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>:SS)</u>		-
	Suite 1200				
	Orlando FI 3	3280)1		•
			_		[0]
(b)	Dustin Lauer				2015 (3)
	Enter name of NEW Registered Agent and/or NEW Registered C	Office	addı	<u>'ess</u> :	
	390 N Orange Avenue				
	NEW Registered Office Address:			-	· #
	Suite 2300				PH 6: 33
	Orlando FL 3	3280	1		
signa I here provisi the oble to mere	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hid in writing of this change.	he repility the limite	gist con imit d lia	ered office npany, it is ed liability ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Sho Laver Printed or typed name of signee

Signature of Registered Agent