## M1800000 4413

| (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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Office Use Only



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## **COVER LETTER**

| TO:    | Registration Section Division of Corporations  |              |   |  |  |  |  |
|--------|--|--------------|---|--|--|--|--|
| SUBJI  | Fidus Fund I, LLC  |              | ·   |  |  |  |  |
|        | Name of Limited Liability Company  |              |   |  |  |  |  |
| Dear S | ir or Madam:   |              |   |  |  |  |  |
| The en | nclosed Registered Agent/Registered Off  | ice Change   | and fee(s) are submitted for filing.  |  |  |  |  |
| Please | return all correspondence concerning th  | is matter to | the following:  |  |  |  |  |
| Jorda  | an Cohen   |              |   |  |  |  |  |
|        | Name of Person   |              |   |  |  |  |  |
| ЈМ С   | ohen Law, PA   |              |   |  |  |  |  |
|        | Firm/Company   |              |   |  |  |  |  |
| 9100   | NW 26th Place  |              |   |  |  |  |  |
|        | Address  | •            |   |  |  |  |  |
| Sunri  | se, FL 33322   |              |   |  |  |  |  |
|        | City/State and Zip Code  |              |   |  |  |  |  |
| dustir | n@fidusfi.com  |              |   |  |  |  |  |
| E      | E-mail address: (to be used for future ann   | ual report i | notification)   |  |  |  |  |
| For fu | rther information concerning this matter.  | please call  | :   |  |  |  |  |
| Jorda  | n 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 Fund I,   | LLC   |  |  |
|--|---|---|--|--|
| 2. (a)   | 1209 Orange St  | (b) 390 N Orange Ave  |  |  |
| ( )  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |
|  |   | Suite 2   | 2300   |  |
|  | Wilmington, DE 19801  | Orland  | o, FL 32801  |  |
|  | 5/7/2018  | M18000  | 0004473  |  |
| 3.   | Date of filing/registration in Florida  | 4.  | Document number  |  |
| 5. (a)   | Dustin Lauer  |   |  |  |
| 3. (u)   | Registered Agent and Registered Office shown on the records of  | tate:   |  |  |
| 1000 LEGION PL   |   |   |  |  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |   |   |  |  |
|  | Suite 1200  |   |  |  |
|  | Orlando ,, FL   | 32801   |  |  |
| /L)  | Dustin Lauer  |   | m)   |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered  | 2015.272  |  |  |
|  |   |   |  |  |
|  | 390 N Orange Avenue   |   |  |  |
|  | NEW Registered Office Address:  |   |  |  |
|  | Suite 2300  |   | — 6.<br>E  |  |
|  | Orlando . FL  | 32801   | ယ်<br>လ  |  |
| Signa  I here provise the object to mere                   | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the iture of a member or authorized representative of a member oby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It is difficulting of this change. | the registered offi<br>ability company, it<br>of the limited liabil<br>limited liability co | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  Dustin Lauer  Printed or typed name of signee |  |

Signature of Registered Agent