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2019 million - Constanting - C	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H19000109263 3)))						
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256						
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAYPORT FUNDING LLC						
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## 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: BAYPORT	FUNDI	NG LLC			
2. (a)			(b) 98 CUTTERMILL RD, SUITE 424N			
2. (4)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	_		Mailing address of limited (Note: MAY BE POST		
	GREAT NECK, NY 11021		GREAT	NECK, NY 11021		
	12/14/2018		M180000	011318		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	:		
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	55)			
					APR	
	TALLAHASSEE	<sub>L</sub> 3230	1-2525		ST 2	ī
(b)	BLUMBERGEXCELSIOR CORPORATE SE	ERVICE	ES, INC.		PH	ŗ
•••	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:		014 3:	C
	155 Office Plaza Drive, 1st Fl.				52 0,	
	<u>NEW</u> Registered Office Address:					
	TALLAHASSEE, FI	L_3230'				
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited b re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability c of the lit	istered office company, it is nited liability	and the business offic hereby confirmed the company or as other	ce of the registered at the change(s)	
Mi	ra Bar-mashian			I, MIRA - MBR		
Signat	ure of a member or authorized representative of a member			Printed or typed name of:	signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided far in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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