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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:____

LLC REGISTERED AGENT CHANGE BAYPORT FUNDING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

JUL 19 2022

M. SOLOMON

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pg 2 of 3 H22000242233 3

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|-----|----------|----------|
| SUBJECT: BAYPORT FUNDING | LLC | | | |
| SODSECT: | d Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change | and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to | the following: | | | |
| Joshua Murphy | | | | |
| Name of Person | | | | |
| Name of Person | | | | |
| Registered Agent Solutions, Inc. | | | | |
| Firm/Company | | | | |
| Corporate Center One, 5301 Southwest Pkwy. S | ite 400 | | 2992 | |
| Address | | .* | <u> </u> | |
| Austin, TX 78735 | | | <u> </u> | |
| | | | | • |
| City/State and Zip Code | | 7 h | PH. | <u> </u> |
| | | | | |
| E-mail address: (to be used for future annual report r | iotification) | | Κ. | |
| For further information concerning this matter, please call | : | | | |
| Joshua Murphy at (888 | 705-7274 | | | |
| 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: | | | | |

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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.

| Name of the limited hability company: BAYP | ORT FUNDING LLC | | |
|--|--|---|--|
| 2. (a) 98 CUTTER MILL RD SUITE 424 | N 98 CUTTER M | IILL RD SUITE 424N | |
| Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| GREAT NECK, NY 11021 | · · · · · · · · · · · · · · · · · · · | CK, NY 11021 | |
| 12/14/2018 | M180000113 | 18 | |
| 3. Date of filing/registration in Florida | 4. Document | number | |
| 5. (a) BLUMBERGEXCELSIOR CORPORAT | E SERVICES, INC. | | |
| Registered Agent and Registered Office shown on the reconstruction of the rest of the PLAZA DR 1 Registered Office Address (MUST BE FLORIDA ST | 1 FLOOR | | |
| TALLAHASSEE | , FL 32301 | | |
| (b) Registered Agent Solutions, Ir | nc. | | |
| Enter name of NEW Registered Agent and/or NEW Reg | gistered Office address: | | |
| 155 Office Plaza Dr. | | PH - | |
| NEW Registered Office Address: | | | |
| Suite A | | | |
| Tallahassee | , _{FL} 32301 | | |
| If the limited liability company is not organized under the change or changes are made, the Florida street addi- agent will be identical. Or, in the case of a Florida lim- was/were authorized by an affirmative vote of the men- the articles of organization or the operating agreement | ress of the registered office and the b nited liability company, it is hereby economics of the limited liability company | usiness office of the registered onfirmed that the change(s) | |
| /s/ Ronald Aghassi | Ronald Aghassi | Authorized Person | |
| Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent a | | yped name of signee other caree to comply with the | |
| provisions of all statutes relative to the proper and con the obligations of my position as registered agent as p to merely reflect a change in the registered office addr | mplete performance of my dulies, and | t Lam familiar with and acci | |

Mackenzie Hart, Asst. Secretary

notified in writing of this change.

Signature of Registered Agent