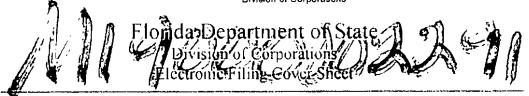
2/28/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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## LLC REGISTERED AGENT CHANGE ALIGN INCOME SHARE FUNDING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

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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.

| l. N                                      | ame of the limited liability company: ALIGN INCOME   | SHARE FU   | UNDING LLC  |
|---|--|--|---|
| 2. (a)                                    | 20 Nivella La A alla Strant  | (b) _  | 30 North LaSalle Street   |
| 2. (11)                                   | Principal office address of finited liability company:<br>(Note: MUSTBE STREET ADDRESS)  | _ (/_  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|   | Suite 1725   |  | Suite 1725  |
|   | Chicago, H. 60602  |  | Chicago, IL 60602   |
|   | 03/07/2019   | М  | 119000002291  |
| 3.  | Date of filing/registration in Florida   | - +. <u></u>   | Document number   |
| 5. {a                                     | CT Corporation System  |  |   |
| <i>y.</i> (                               | Registered Agent and Registered Office shown on the records of t  Registered Office Address (MUST BE FLORIDA STREETA   |  | Jept. of State  |
|   | 1200 S Pine Island Rd  |  | 202   |
|   | Plantation , FL  | 33324  | 2020 FEB <b>28</b>  |
| (b)                                       | Corporation Service Company  |  |   |
|   | Enter name of NEW Registered Agent and/or NEW Registered   | Office addre   | AH 135  |
|   | NEW Registered Office Address:   |  |   |
|   | 1201 Hays Street   |  |   |
|   | Tallahasee, FL   | 32301  | <u></u>   |
| the clangent was we the ar                | limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability. | the registe<br>shility com<br>if the limite<br>limited lial<br>Willian | ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.  In Stephen Venable Ji  Printed or typed name of signee                    |
| provi<br>the of<br>to me<br>notifi<br>By: | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I feed in writing of this change.  C'T Corporation System                       | performan<br>d for in Ch<br>hereby conj                                | in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed if it that the limited liability company has been Stephanie Hencz Assistant Secretary |