Division of Corporations

Elarida Department of State

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.

(((H20000078025 3)))



H200000780253ABCY

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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 ALIGN INCOME SHARE FUNDING LLC

Certificate of Status	0
Certified Copy	l
Page Count	02
Estimated Charge	\$55,00

O SIMMONS

MAR 1 0 2020

Electronic Filing Menu — Corporate Filing Menu

Help

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: ALIGN INCOM	4E SHAR	E FUNDING	LIC
2. (a)		(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	30 N LASALLE ST STE 1725	•	30 N LAS	ALLE ST STE 1725
	CHICAGO, II. 60602		CHICAGO	D, JL. 60602
	03/07/2019		M1900000	2291
3.	Date of filing/registration in Florida	4.		Document number
e 1				
5. (a)	of the Florid	ia Dept. of Stat	- e.
	CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 HAR	
	1201 HAYS ST		- AR	
	TALLAHASSEE, 1	-L_32301		9-
(b)	Enter name of NEW Registered Agent and/or NEW Register	1.7.01		
	Emer name of NEW Registered Agent and/or NEW Register	ed Office a	daresy:	2 02
	C T Corporation System			•
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation	FL		_
the clagent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	of the reg liability s of the li he limited	estered office company, it mited liabili l liability con	is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
	Sklubby	Se	an Rahilly - S	Printed or typed name of signee
I her provi the or to me notifi By:	nature of a member or authorized persentative of a member reby accept the appointment as registered agent and a sions of all statutes relative to the proper and completely reflect a change in the registered agent as provided in writing of this change. CTL compration System Stephanic inter of Registered Agent	ded for ir Thereby	ct in this cap mance of my Chapter 60 confirm that Assistant S	pacity. I further agree to comply with the duties, and I am familiar with and accept 15. F.S. Or, if this document is being filed the limited liability company has been

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