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Florida Department of State Division of Corporations pringthis page and uselit as a cover speed Type the fax audit numb on the top and bottom of all pages of the down cits

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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 SF, LLC

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M. SOLOMON

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Help

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT: BAYPORT FUNDING SF, LLC

Name of Limited 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:

Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notificati

Joshua Murphy

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:

□ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Florida. 1. Name of the limited liability company: BAYPORT	FUNDING SE	F, LLC		
2. (a) 98 CUTTERMILL RD, STE 424N	(b) 98 CUTTERMILL RD, STE 424N			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GREAT NECK, NY 11021	Mai (iling address of limited li Note: MAYBE POST O T NECK, N	OFFICE BOX)	
5/30/2019	M19000			
3. Date of filing/registration in Florida		ocument number		
5. (a) BLUMBERGEXCELSIOR CORPORATE SEI				
Registered Agent and Registered Office shown on the records of a 155 OFFICE PLAZA DR, 1ST Registered Office Address (MUST BE FLORIDA STREET A TALLAHASSEE	FLOOR			
(b) Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered			HA BITTING SH	
155 Office Plaza Dr.				
NEW Registered Office Address: Suite A			· 61	
Tallahassee, FL	32301			
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office a ability company, it is h of the limited liability of	ind the business offic nereby confirmed that company or as othery	ce of the registered in the change(s)	
/s/ Ronald Aghassi	Ronald Aghas	si Auth	orized Person	
Signature of a member or authorized representative of a member		rinted 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 for 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.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent