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	Account Name	:	C T CORPORATION SYSTEM
	Account Number	:	FCA00000023
	Phone	:	(954)208-0845
	Fax Number	:	(614)573-3996

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

		(1)	Email Address:				
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		, ,1 , ,1 , ,	LLC REGISTERED AGENT CHANGE OPORTUN FUNDING XIII, LLC			c ipadus	ŗ
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To:

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.

Na	nme of the limited liability company: OPORTUN FUI				
(a)	2 Circle Star Way	((b) ² Circle Star Way		
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Ste. 300		Ste. 300		
	San Carlos. CA 94070		San Carlos, CA 94070		
	06/28/2019		M19000006308		
	Date of filing/registration in Florida	4.	Document number		
(a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRES	<u>SS)</u>		
	Registered Office Address (MUST BE FLORIDA STREET	L.32301-			
(b)	TALLAHASSEE, F	· · · ·	2525		
(b)	TALLAHASSEE, F	L <u>32301-</u>	2525		
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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JOE DAVIS, MANAGER

Signature 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 for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. By:

Signature of Registered Agent SEANL EMERICK ASSISTANT SECRETARY

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