## M20 00 000 7174

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Prione #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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KIPCO



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: September 29, 2020

Order#: 439873-005

Re: NEW CANAAN FUNDING MEZZANINE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX\_\_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. Na	ame of the limited liability co	mpany: NEW CANAA	AN FUNDING	MEZZANINE, LLC		
2. (a)	365 5TH AVE S STE 209		(b)	(b) 365 5TH AVE S STE 209		
υ. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				of limited liability company: BE POST OFFICE BOX)	
	NAPLES, FL	34102		NAPLES, FL	34102	
	08/18/2020		M	20000007174		
3. 5. (a)	Date of filing/regist		4.	Document nu	umber	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 S PINE ISLAND RD					
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	PLANTATION		FL_33324	33324 273 1 1 OCT 1		
	Corporation Service Compa	iny		<del></del> i		
	Enter name of NEW Registered	Agent and/or NEW Registe	<u>ess</u> :			
	1201 Hays Street				PH.	
	NEW Registered Office Address:				5: 46	
	Tallahassee		FL_32301			
change agent v was/w	imited liability company is nee or changes are made, the Flwill be identical. Or, in the cere authorized by an affirmaticles of organization or the o	orida street address of ase of a Florida limited ive vote of the member	the registered I liability com- rs of the limite	office and the business pany, it is hereby conf ed liability company or	s office of the registered irmed that the change(s)	
/s/ l	/s/ Mark Thies			Mark Thies, Member		
_	iture of a member or authorized rep				d name of signee	
provis the ob to mer	by accept the appointment as ions of all statutes relative to ligations of my position as re elv reflect a change in the re d in writing of this change.	the proper and comple	eie nertarmani	ce of my duties, and La	am tamiliar with and accept	
Signatu Grace	ire of Registered Agent E. Kirby, Asst. Vice Preside	ent on behalf of Corpor	ation Service	Company		
	<b>D.</b> 1211			Tallahassa El 1921	1.4	