8/3/22, 10:54 AM

Division of Corporations

## Florida Department of State

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(((H220002619673)))



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Email Address: Legal@deltabridgetunding.com

## LLC REGISTERED AGENT CHANGE DELTA BRIDGE FUNDING LLC

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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.

I. Na	me of the limited liability company: Delta Bridge I	Funding I	TC		
2, (a)	2875 NE 191st Street Suite 500	(b	2875 NE	191st Street Suite 500	
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		·	niling address of limited liability company:  INOIC: MAY BE POST OFFICE BOX	
	Aventura, Florida 33180		Aventura.	Florida 33180	
	Avenua, nonda 32100	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	4/30/2021	_	M2100000	5197	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
	UNITED CORPORATE SERVICES, INC.				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	3458 LAKESHORE DR.		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	5)		
			_	≂.	2
					17
	TALLAHASSEE	132312	!	至前	É
(b)	Business Filings Incorporated			NSSE.	ر
( )	Enter name of NEW Registered Agent and/or NEW Registered	l Office at	lylere:	F 98	₽
	1200 South Pine Island Road			FL013	7
	NEW Registered Office Address;				
	Plantation	L	<del></del>		
	riananon	L			
the cha agent v	imited liability company is not organized under the la range or changes are made, the Florida struct address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability c of the lir	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		8	artosz Maczu		
	ture of a monther or ulflhorized representative of a member			Printed or typed name of signee	
nonne A	by accept the appointment as registered agent and agions of all statutes relative to the proper and completifications of my position as registered agent as providely reflect a change in the registered affice address, I d in writing of this change.	gree to ac e perforn led for in I hereby c	t in this cape nance of my c Chapter 605 confirm that t	icity. I further agree to comply with the funies, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
	ne of Registered Agent				
Chi	ris Das, AVP, Business Filings Incorporated Division of Corporations P.O. FILING 3			see, FL 32314	