M220000088359

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

Office Use Only



500407026515

2023 I:0Y 27 PH 2: 13

2023 HOY 27 PM 3: 00

RHOHIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv°

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE 11/27/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1200460

ORDER ENTITY
FINANCE ERC LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FINANCE ERC LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 27, 2023 Page 1 of 1

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
FINANCE ERC LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Sapphire Marquez						
Name of Person						
SunDoc Filings						
Firm/Company						
7801 Folsom Blvd Ste 202						
Address						
Sacramento CA 95826						
City/State and Zip Code						
dgoldin@capify.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
David Goldin 2	779-2528					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amoun	it:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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	ame of the limited liability company: FINANCE ERC I	.LC			
2. (a)	170 NE 2ND ST., STE, 74	((b) 170 NE 2ND ST., STE, 74		
2 . (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BOCA RATON, FL 33429	_	BOCA RA	TON, FL 33429	
	05/26/2022		M22000008	359	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SUNDOC FILINGS INCORPORATED			_	
	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE	the Florid	a Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				2023	
	TALLAHASSEE	32312		2023 (101/2)	
(b)	United Agent Group Inc.	·		~	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- - 0 ·	
	801 US Highway 1			2: 13	
	NEW Registered Office Address:			_	
	North Palm Beach .F1	33408		-	
	ri.	·		_	
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	ed office and ompany, it is nited liability liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
_/S/	David Goldin ture of a member or authorized representative of a member	Day —	rid Goldin	Printed or typed name of signee	
I here provisi accept being f has be	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete the obligations of my position as registered agent as pilledto merely reflect a change in the registered office around the writing of this change. Jilliam Huser	ee to ac perform rovided address,	t in this cape ance of my c for in Chapt I hereby co.	acity. I further agree to comply with the	
	re of Registered Agent				