

**2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M20000004462

**Entity Name:** TREZ FORMAN CAPITAL FLORIDA FUNDING, LLC**Current Principal Place of Business:**1700-745 THURLOW STREET  
VANCOUVER, BRITISH COLUMBIA V6E OC5**Current Mailing Address:**1700-745 THURLOW STREET  
VANCOUVER, BRITISH COLUMBIA V6E OC5 CA**FEI Number: 36-4834108****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: KIM TADLOCK, AS ASST. SECRETARY****07/14/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REP  
Name KIRKHAM, DEAN  
Address 1700-745 THURLOW STREET  
City-State-Zip: VANCOUVER BRITISH COLUMBIA  
V6E OC5

Title AUTHORIZED REP  
Name SKOGEN, CHRISTIAN  
Address 1700-745 THURLOW STREET  
City-State-Zip: VANCOUVER BRITISH COLUMBIA  
V6E OC5

Title AUTHORIZED REP  
Name MACFARLAND, STUART  
Address 80 S.W. 8TH STREET  
SUITE 2800  
City-State-Zip: MIAMI FL 33130

Title AUTHORIZED REP  
Name MARAGLIANO, JOHN  
Address 1700-745 THURLOW STREET  
City-State-Zip: VANCOUVER BRITISH COLUMBIA  
V6E OC5

Title AUTHORIZED REP  
Name HUTCHINSON, JOHN  
Address 5055 KELLER SPRINGS ROAD  
#500  
City-State-Zip: ADDISON TX 75001

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEAN KIRKHAM****AUTHORIZED  
REPRESENTATIVE****07/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date