

PO4000120786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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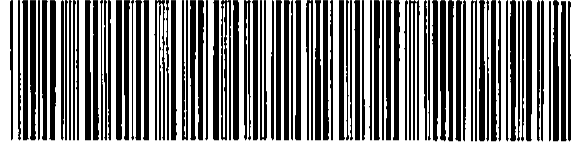
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LIGHTNING FUNDING INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04000120786

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT FESSLER  
Name of Contact Person

LIGHTNING FUNDING INC.  
Firm/Company

300 BEDFORD AVE - STE 203  
Address

BELLMORE, NY 11710  
City/State and Zip Code

sfessler@lightningfunding.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Fessler at ( 516 ) 295-9083  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lightning Funding Inc.
2. The principal office address: 300 Bedford Ave -Suite 203  
Bellmore, New York 11710
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/19/2004 Document number: P04000120786

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
HPDL, L.L.C.
840 BEACH DRIVE NE
ST. PETERSBERG, FL 33701

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OLYMPUS HOLDINGS, LLC
318 RAFAEL BLVD NE
P.O. Box NOT acceptable
ST. PETERSBURG, FL 33704

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: [Signature] SCOTT FESSLER, PRESIDENT/Director (D)
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent: [Signature] February 4, 2019
Date

If signing on behalf of an entity:
Howard K. Pollack as Managing Member (AMBR) of Olympus Holdings, LLC
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*