

B05000000376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

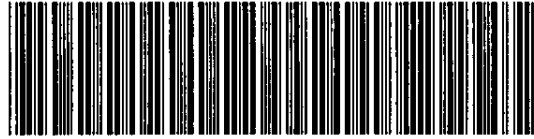
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500256031065

01/27/14--01043--020 \*\*35.00

J. Shivers FEB 03 2013

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JAN 30 AM 11:20

2013 JAN 30



**CSC.**

CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 23, 2014

Order#: 961102-004

Re: ALLIED AFFILIATED FUNDING, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$35.00.

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: Evelyn Wright  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ALLIED AFFILIATED FUNDING, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/26/2005  
Date of filing/registration in Florida

3. B05000000376  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

14 JAN 30 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner Dona Priebe, Vice President

By: TRAMEL CAPITAL CORPORATION, General Partner  
*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 obligations of my position as registered agent.*

By: [Signature]  
Signature of Registered Agent  
Sylvia Queppet, Assistant Vice President

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50