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,
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SECRETARY OF STATE STATE CORPORATIONS

T. HAMPTON
JUL 1 3 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: United Earlifu funding
Name of Limited Parthership or 1 mited Liability Limited Partnership
DOCUMENT NUMBER: A \$7 \$\$ \$\$ \$\$ \$659!
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Portia Bunker
Contact Person Firm/Company
Box 316
Smakopee, mw 55379 City, State and Zip Code
E-mail address: (to be used for luture annual agort notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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. Fraken III

1. United Equity Funding LLLP Name of Limited Purplership or Limited Liability Limited Partnership
2. 5141077 Date of filing/registration in Florida 3. A STOUD OS 0659 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: A and A Corporate Servician Troc Name Name Name 1380 A Corporate Form Rd + 224 E
City, State and Zip 3346
5. The name and Florida street address of the new registered agent and/or office: Linda Smith Name Park 1999 Florida street address (P.O. Box not acceptable) City, State and Zip FL 3 4 6 3 9
6. Such change(s) is/are effective when filed by the Florida Department of State. Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete with the provisions of all statutes relative to the proper and complete performance of my duties, and f am' familiar with an accept the obligations of my position as registered agent.

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50