

FD20000004443

(Requestor's Name)

(Address)

(Address)

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@ 6/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOGISTICS MORTGAGE CO INC.
LOGISTICS FUNDING GROUP INC
Name of Corporation

DOCUMENT NUMBER: F02000004443.

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:

JOHN BARILETTI
Name of Contact Person

LOGISTICS FUNDING (MORTGAGE) INC
Firm/Company

872 SUN DISK PL
Address

BOYNTON BEACH, FL, 33436
City/State and Zip Code

JBARILETTI@LOGISTICSFUNDING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BARILETTI at (786) 972-1355
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 N.Y.

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOGISTICS FUNDING GROUP INC
2. The principal office address: 2841 WELLMAN AVE
BRONX NY 10461
3. The mailing address (if different): LOGISTICS FUNDING GROUP 33436
ATT JOHN BARILETTI 872 SUN DISK PL BOYNTON BEACH FL
4. Date of incorporation/qualification: _____ Document number: F02000004443
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)

JOHN B. BARILETTI
2121 N BAYSHORE DR APT 1019
MIAMI FL 33137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN B. BARILETTI
872 SUN DISK PLACE
BOYNTON BEACH FL 33436

P.O. Box NOT acceptable

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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.

Louis Forte
Signature of an officer or director

LOUIS FORTE (PRES)
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.

John B. Bariletti
Signature of Registered Agent

6/22/10
Date

If signing on behalf of an entity:

JOHN BARILETTI
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314