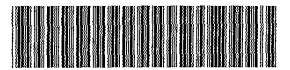
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| . (Re | equestor's Name) | |
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| PICK-UP | TIAW 🔲 | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Resource Funding Group, Inc.
(Name of corporation) DOCUMENT NUMBER: F03000001101 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: Kristina Munford (Name of person) Resource Funding Group, Inc. (Name of firm/company) 1605 Main Street, Suite 1109 (Address) FL 34236 (City/state and zip code) Sarasota, For further information concerning this matter, please call: Kristina Mumford 888) 981-7233 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| | | , 617.0502, 607.1508, or 617.1508, F | - |
|--------------------------------|--|---|---|
| | | ation organized under the laws of the S | _ |
| | in order to change its regi | stered office or registered agent, or bo | oth, in the State |
| of Florida. | | | |
| 1. The name of | f the corporation: Resource Fun | ding Group, Inc. | |
| 2. The principa | al office address: 900 North 2 | nd Avenue, Rome, GA 30165 | _ 、 |
| | | | <u></u> |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | rporation/qualification: 03/05 | Document number: F030 | 000001101 |
| 5. The name ar | • | stered agent and registered office on file | |
| | Beth L. Clause | | • |
| | 1605 Main Street, Su | ite 1109 | |
| | Sarasota, FL 34236 | | 2- 8 |
| 6. The name a changed): | and street address of the new regis | stered agent (if changed) and /or regis | stered office (E |
| g | Richard Champlin | | 20 Co |
| | 1605 Main Street, Su (P.O. Box or personal | ite 1109 mailbox NOT acceptable) | AH 9. |
| | Sarasota, FL 34236 | | 183. S |
| The street addragent, as chang | ress of its registered office and the ged will be identical. | street address of the business office o | |
| ν | 104.0 | dopted by its board of directors or by a cen notified in writing of the change. Richard Champlin, Treasurer | _ |
| | er, diarman or vice chuman of the board) I the appointment as registered ag | Richard Champlin, Treasurer (Printed or typed name and title) rent and agree to act in this capacity. | |
| K | the de | rent and agree to act in this capacity. Ill statutes relative to the proper and coording and accept the obligation of my positive and merely to reflect a change in the relation has been notified in writing of this 8/22/03 | omplete ion as egistered s change. |
| | Signature of Registered Agent) | (Date) | |
| If signing on beha | ilf of an entity: | | |
| | Typed or Printed Name) | (Caracity) | |

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