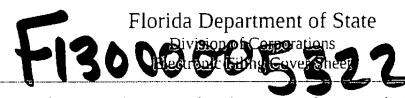
10/3/25, 9:10 AM

**Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6380

S. CHATHAM

OCT - 4 2025

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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## REGISTERED AGENT CHANGE STRATEGIC FUNDING PARTNERS, INC.

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of <mark>Nevada</mark> egistered agent, or both, in the State of Florida	t		
	he corporation: STRATEGIC FUNDIN				
	office address: 4911 SW 91ST TERR.				
Cainesville FL 32					
		TERRACE, SUITE A Gainesville FL 32608			
3. The mailing a	ddress (if different): 13/11/2013	£12000005222			
		Document number: F13000005322			
	street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)			
	CAPITOL CORPORATE SERVICES,				
	515 E. PARK AVE., 2ND FL	j.	2025 OCT -3		
	TALLAHASSEE, FL 32301	C - 2	3 7		
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	Registered Agents Inc	程	9 0		
	7901 4th St N STE 300	r.	$\sim$		
	P.O. Box NOT acceptable				
	St. Petersburg FL 33702				
The street addre	ss of its registered office and the st be identical.	treet address of the business office of its regis	tered agent,		
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of directors or by an office en notified in writing of the change.	r so		
E. Jan. 4	ma)	Robin Jones			
	e of an officer or director  the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this che	Printed or typed name and title  nt and agree to act in this capacity.  statutes relative to the proper and complete cobligation of my position as registered agen in the registered office address. I hereby con, inge.	performance et. Or, if this firm that the		
David Acerts		10/03/2025			
	nature of Registered Agent	Date			
If signing on he	half of an entity:				
David Roberts					
T	ped or Printed Name				
		~			

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