Florida Bepartment of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000241820 3)))



H080002418203ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

OUCT 23 AM B: 00 ORETARY OF STATE AMASSEE, FLOATO

REGISTERED AGENT CHANGE

SFC FUNDING COMPANY OF FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/23/2008

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

statement of cho	inge is submitte	ections 607.0502, 611 ed for a corporation c registered office or r	organized und	er the lav	vs of the State	of New	York		
1. The name of	the corporation	Standard Funding Co	orp. dible.	5FC	Funding	Com	pany	04 F.1	ovida
		335 Crossways Park							
3. The mailing s	address (if diffe	erent):							_
4. Date of incor	poration/qualif	ication: 11/13/1998	Do		number: F980	00000626	57		
		of the current register (If resigned, enter re		registere	d office on fil	le with th	ne		
	Corporation S	ervice Company							
	1201 Hays St	cct, Tallahassee, FL 3	2301	_	-				
	Tallahassee, F	L 32301					圣经	290	
6. The name and (if changed):		of the new registered	d agent (if cha	nged) an	d /or registere	d office	LAHAS	2901 OCT 23	enim E
		C T Cor	poration System	<u>m</u> _			SEE		[]
	c/c	CT Corporation Syst		h Pine Isl	and Road		70	PH 3:	
		(P.O. Box NOT acc	epuble) on, Florida 333	24			SE P	. Ω.	
Such change wanthorized by the control of the contr	as authorized the board, or the	by resolution duly a corporation has be directed	dopted by its een notified in AN	board of writing	directors or of the chang	by an of c. A. PRO netand tale	ficer so	NT_	
I further agree of my duties, a document is be corporation ha	to comply with and I am famili sing filed mere as been notified. CI Corporati	nent as registered ag h the provisions of a ar with and accept the ly to reflect a chang d in writing of this co on System	ll statutes rel he obligation e in the regist hange.				ete perj igent. (confirm	formance Or, if this a that the	
By: ' [[X]	C T Corporati	rod Agmin)		<u> </u>	(Date)	-08	,		
lf signing on b	chalf Megan								
	(Typed or Printed I	(ame)							
		u w w MILTI	NG FEE: \$35	.00 '	-				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

PLOUS - 19/06/2008 C T System Online