

LD5000098283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien JUL 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSITY CAPITAL FUNDING, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN SCIBELLI

Name of Person

UNIVERSITY CAPITAL FUNDING, LLC.

Firm/Company

11190 NW 26 DR

Address

CORAL SPRINGS, FL. 33065

City/State and Zip Code

ScibelliJ@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SCIBELLI

Name of Person

at (954)

340-2926

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: UNIVERSITY CAPITAL FUNDING, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

11190 NW 26 DR
CORAL SPRINGS, FL. 33065

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

11190 NW 26 DR
CORAL SPRINGS, FL. 33065

10/5/2005

3. Date of filing/registration in Florida

4. Document number

L05000098283

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JOHN SCIBELLI

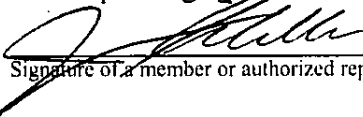
Registered Office Address: 8050 UNIVERSITY DR SUITE 210
TAMARAC, FL 33321

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: _____

NEW Registered Office Address: 11190 NW 26 DR
(MUST BE FLORIDA STREET ADDRESS) CORAL SPRINGS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

JOHN SCIBELLI

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00