1:00000 le8707

		,				
(Re	equestor's Name)					
(Address)						
. (Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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EXAMINER

TO: Registration Section

COVER LETTER

Division of Co	rporations						
SUBJECT:							
	Name of L	imited	l Liabil	ity Compa	any		
Dear Sir or Madam:							
The enclosed Register	ed Agent/Registered O	ffice (Change	and fee(s)) are submitte	d for filin	g.
Please return all corre	spondence concerning	this m	atter to	the follow	ving:		
	Irene Gelman						
	Name of Person			—			
Communit	y Financial Funding L	LC					
158	57 vivanco street			_	<i></i>		2
Delra	Address ay Beach Fl 33446	•					1912 FEB 10
	/State and Zip Code					1387 1387 1488	
E-mail address: (to be a	VG257@aol.com sed for future annual report no	tificatio	n)				MH:29
For further information	n concerning this matte	r, plea	ase call:	:		7.1	ÇED.
Allen (Selman	at (954	`	288-32	43	
Name of	Person	(Area Code &	Daytime Telepho		
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	porations Center Circle		Reg Divi P.O.	ILING AT distration Section of Co. Box 6327 ahassee, Fl	ection rporations		
Enclosed is a check for the following amount:							
\$25 Filing F	ee		\$5	5 Filing F	ee & Certified	1 Сору	

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:C	ommunity Financial Funding LLC				
2. (a) Principal office address of limited liability comp	pany: 15857 Vivanco street				
(Note: MUST BE STREET ADDRESS)	Delray Beach Fl 33446				
(b) Mailing address of limited liability company:	15857 Vivanco Street				
(Note: MAY BE POST OFFICE BOX)	Delray Beach Fl 33446				
06/28/2010	L10000068707				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Deptrof State:					
Registered Agent:	Irene Gelman				
Registered Office Address:	15857 vivanco street Sapara Delray Beach fl 33446				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
NEW Registered Agent:	Allen Gelman				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15857 Vivanco Street Delray Beach FI 33446				
UNUSI BE FLURIDA SI REEI ADDRESS)	"FL				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included it in the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any.				

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