L15000123013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC -7 P 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
DEC 08 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

GARDNER CUMMINGS
368 BROADWAY, SUITE 12
SARATOGA SPRINGS, NY 12866

SUBJECT: THE FUNDING STORE LLC
Ref. Number: L15000123013

We have received your document for THE FUNDING STORE LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00025184

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Funding Store 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:

Gardner Cummings
Name of Person

The Funding Store LLC
Firm/Company

368 Broadway Suite 12
Address

Saratoga Springs, NY 12866
City/State and Zip Code

gardner@paymentlower.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gardner Cummings at (518) 587-0523
Name of Person 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 605.0114 or 605.0116, 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: The Funding Store LLC

2. (a) 368 Broadway Suite 12
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Saratoga Springs, NY 12866

(b)
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/01/2015
Date of filing/registration in Florida

4. L15000123013
Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

17888 67th Court North

Loxahatchee, FL 33470

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

REGISTERED AGENTS INC.

NEW Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Tampa, FL 33607

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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

Gardner Cummings
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 605, 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.

Bill Havre/Assistant Secretary
Signature of Registered Agent

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

INHS18 (2/14)