

# L67970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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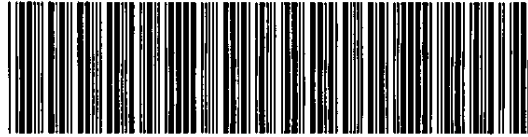
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
MAY 27 2015

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Finco Financial Corporation  
Name of Corporation

**DOCUMENT NUMBER:** L67970

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Karen Shaw**

Name of Contact Person

**Finco Financial Corporation**

Firm/Company

**1551 Sawgrass Corporate Parkway Suite 130**

Address

**Sunrise, Florida 33323**

City/State and Zip Code

**Kshaw@etifinance.com**

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

For further information concerning this matter, please call:

**Karen Shaw** at **954** **510-8008 ext 109**  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Finco Financial Corporation
2. The principal office address: 1551 Sawgrass Corporate Parkway Ste 130  
Sunrise, Florida 33323
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 4/25/90 Document number: L67970

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Myron Finkelstein  
2825 N. University Drive Suite 300  
Coral Springs, Florida 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karen Shaw  
1551 Sawgrass Corporate Parkway Suite 130  
Sunrise, Florida 33323

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karen F Shaw  
Signature of an officer or director

Karen Shaw, President  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Karen F Shaw  
Signature of Registered Agent

May 20, 2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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