200	ONIFORM BUS	INESS REPO	KT	(ARK)		EH ED			
DOCUMENT # M000000797 1. Entity Name					FILED OI APR -6 PM 4: 14				
AMERICAN ADVANTAGE FUNDING LLC									
	•					SECRETARY OF S TALLAHASSEE, FL	TATE		
Principal Place of Business Mailing Address						IMELAGASSEE, FL	ORIDA		
1551 JENNINGS MILL RD SUITE 2900 D 1551 JENNINGS MILL RD SI BOGART GA 30622 BOGART GA 30622				900 D					
	Pleasant Hill Rd					3 88 (1 8 16) 686) 186) 186(186) 186)	A (A)() (AA) (BA)	
Bldb 2. Principal P		_							
	Pleasant Hill Rd	- Wi	ll Rd						
Bridg Apt #1 etc Suite 300 Suite, Apt. #, etc. Bldg 11 Suite						DO NOT WRITE IN THIS SPACE			
City & State City & State			JE J		4. FEII	Number	A	Applied For	
	n GA 1.0	Duluth Ga				58-2518903		lot Applicable	
30096	Country USA	30096	Coun	try USA	5. Certi	ficate of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Registere	d Agent		
			Name	1					
HIGHTOWER, BILLY R 1969 TEMPLE TERRACE CLEARWATER FL 33764				Street Address (P.O. Box Number is Not Acceptable)					
		•		City		_	Zip Cod	de	
8 The above	named entity submits this statement fo	r the ournose of changing its	egistore	nd office or registe	rod agent		<u>- </u>		
••	The most strikly bushing the statement to	the purpose of energing ite i	ogiotoro		oo agon,	or bottly in the blate of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable /NOTE	Pagietora	d Agent signature require	d whon soinetet	ng) DATE		[
	aignature, typed or priviled marile or registered agent e	include in applicable. (NOTE.	incg/s/e/e/	a Agont signature require	U WINGII (GIIISIAL	DATE:			
٠. ـــــــ				FEE IS \$50.00			<u>_</u>		
		Make Check Pay	able to	o Department o	of State	<u>.</u>	-		
9.	MANAGING MEMBE		10.			ADDITIONS/CHANG	ES		
TITLE NAME	MGR	Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS		•	•		
CITY-ST-Z/P	BOGART GA 30622		CITY-	-ST-ZIP					
TITLE NAME	MRG	☐ Delete	TITLE				Change	Addition	
STREET ADDRESS	silly A Hightower	1 na nia11		- et address				j	
CITY-ST-ZIP	4227 Pleasant Hil Suite 300 Duluth	.т ка втадтт	CITY-	-ST-ZIP					
TITLE NAME	barce ovo baracii	Defete	TITLE Name	1			. Change	Addition	
STREET ADDRESS				ET ADDRESS		600003996 -04/13/01	115	8	
CITY-ST-ZIP	<u>-</u>		CITY-	·ST-ZIP		~U4/15/U1~~ ******5 <u>0.00</u>		50.00	
TITLE NAME	.	☐ Delete	TITLE NAME			The second secon	Change	Addition	
STREET ADDRESS	<i>1</i>			ET ADDRESS					
CITY-ST-ZIP	·•		CITY-	ST-ZIP					
TITLE		☐ Defete	TITLE	ŀ			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	: Et address					
CITY-ST-ZIP			CITY-	ST-ZIP	_				
TITLE		☐ Delete	TITLE	į.			☐ Change	☐ Addition	
NAME Street address		_	NAME	T ADDRESS	٠				
CITY-ST-ZIP				ST-ZIP					
11. I hereby c indicated limited liab	ertify that the information supplied with on this report is true and accurate and ility company or the relever privities	this filing does not qualify for that my signature shall have the empower of to execute this re	he exer e same port as	nption stated in Se legal effect as if n required by Chap	ection 119.0 nade under ter 608, Flo	07(3)(i), Florida Statutes. I further of cath; that I am a managing mem rida Statutes.	ertify that the i ber or manage	nformation er of the	
SIGNAT	URE: SIGNATURE AND TYPED ON PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR	ALTHORIZED REPRESE	NTATIVE	Date	Daytime Phone #		