

MD3000000243

topdot

Topdot Mortgage
125 Jericho Turnpike, Suite 400
Jericho, NY 11753

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100135513521

11/13/08--01011--003 **25.00

FILED

2008 NOV 24 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 14 2008

EXAMINER

CF 25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2008

TOPDOT MORTGAGE
125 JERICHO TURNPIKE
SUITE 400
JERICHO, NY 11753

SUBJECT: PREMIUM CAPITAL FUNDING LLC
Ref. Number: M03000000243

We have received your document for PREMIUM CAPITAL FUNDING 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 008A00057268

NOT RECORDED
If you have any questions concerning the filing of your document, please call (850) 245-6047.
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

**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: Premium Capital Funding LLC

2. (a) Principal office address of limited liability company: 125 JERICHO TURNPIKE
(Note: **MUST BE STREET ADDRESS**) JERICHO NY 11753

(b) Mailing address of limited liability company: 125 JERICHO TURNPIKE
(Note: **MAY BE POST OFFICE BOX**) JERICHO NY 11753

01/21/2003

3. Date of filing/registration in Florida

M03000000243

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, Florida 33324

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

NEW Registered Agent:

Michael Samuels

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4850 T-Rex Avenue

Suite 200

Boca Raton, FL 33441

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]
(Signature of a member or authorized representative of a member)

Andres Torres
(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.

By: Michael Samuels
(Signature of Registered Agent)

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

INHS18 (05/08)

FL015 - 05/27/2008 C T System Online

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 24 PM 3:22

FILED