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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE

Office Use Only

R.A. Change

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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: FRANK D'ALESSANDRO EQUITY FUNDING, INC.
2. The principal office address: 1800 UNIVERSITY POINTE DE., #100
FORT MYERS, FL 33907
3. The mailing address (if different):
4. Date of incorporation/qualification: 6-22-01 Document number: P0100062817
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
GAUTHIER, ROSANNEG.
8695 COLLEGE PKWY. # 355 30 3
FORT MYERS, FL 33919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GAUTHIER, ROSANNE G.
(P.O. Box NOT acceptable)
FORT MYERS, FL 33907
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.
FRANK D'ALESSANDRO SEC., TREAS.
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.
Hotel Hauthon 1-1-04 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) *** FILING FEE: \$35.00 *** MAKE CHECKS PAYABLE TO FLODIDA DEPARTMENT OF STATE # 3344 7-2-09 # 35.00
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS DAVABLE TO PLODIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314