

P03000085874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

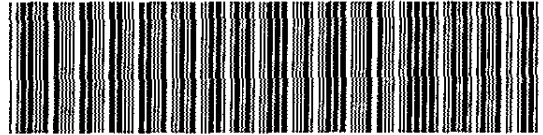
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600022813136

09/08/03--01039--009 \*\*35.00

FILED  
03 SEP -8 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. Ouellette SEP 12 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALPHA FUNDING GROUP, INC.

(Name of corporation)

**DOCUMENT NUMBER:** PO3000085874

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:

TIM GREEN

(Name of person)

ALPHA FUNDING GROUP, INC.

(Name of firm/company)

2107 E. OSBORNE AVENUE

(Address)

TAMPA, FLORIDA 33610

(City/state and zip code)

For further information concerning this matter, please call:

MIRIAM L. SUMPTER

(Name of person)

at ( 813 ) 387-7724

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: ALPHA FUNDING GROUP, INC.
2. The principal office address: 2107 E. OSBORNE AVENUE  
TAMPA, FLORIDA 33610
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 8-1-2003 Document number: PO3000085874
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARK WOFFORD

2107 E. OSBORNE AVENUE

TAMPA, FLORIDA 33610

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

MIRIAM SUMPTER

2107 E OSBORNE AVENUE

(P.O. Box or personal mailbox NOT acceptable)

TAMPA, FLORIDA 33610

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.

Darrick Fullwood  
(Signature of an officer, chairman or vice chairman of the board)

DARRICK FULLWOOD 9/2/03  
(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.*

[Signature]  
(Signature of Registered Agent)

SEPTEMBER 2, 2003  
(Date)

If signing on behalf of an entity:

ALPHA FUNDING GROUP, INC.  
(Typed or Printed Name)

VICE - PRESIDENT  
(Capacity)

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

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