

P04000120600

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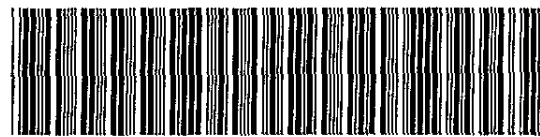
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Commercial Funding Associates, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P04000120600

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:

Patrick E. Sullivan  
(Name of contact person)

Commercial Funding Associates  
(Firm/Company)

P.O. Box 227  
(Address)

Daytona Beach, FL 32115  
(City/state and zip code)

For further information concerning this matter, please call:

Kibbe Edwards at ( 386 ) 304-7707  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 5, 2005

PATRICK E. SULLIVAN  
P.O. BOX 227  
DAYTONA BEACH, FL 32115

SUBJECT: COMMERCIAL FUNDING ASSOCIATES INC.  
Ref. Number: P04000120600

*Rec'd 1/24*

We have received your document for COMMERCIAL FUNDING ASSOCIATES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation").

A post office box is not an acceptable address for the registered agent.

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) 245-6909.

Velma Shepard  
Document Specialist

Letter Number: 505A00000718

**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: Commercial Funding Associates Inc.
2. The principal office address: P.O. Box 227, Daytona Beach, FL 32115
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/19/2004 Document number: P04000120600

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

Patrick E. Sullivan

1339 W. Granada Blvd.  
(P.O. Box NOT acceptable)

Ormond Beach, fl. 32174

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.

[Signature]  
(Signature of an officer or director)

Patrick E. Sullivan

(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.*

X [Signature]  
(Signature of Registered Agent)

1/10/05  
(Date)

If signing on behalf of an entity:

Patrick E. Sullivan  
(Typed or Printed Name)

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

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

FILED STATE  
SECRETARY OF CORPORATIONS  
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