P06000112436

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(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:		
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

	lment Section on of Corporations	
SUBJECT:	MCNULTY FUNDIA (Name of Corp	oration)
DOCUMENT	NUMBER: <u>P06000112436</u>	
The enclosed S	tatement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return al	I correspondence concerning this matter to	the following:
	LEE E. MAS	ct Person)
	(Name of Contact	ct Person)
	MCNULTY FUN	DING, INC.
	146 SECOND STO (Address	REET NORTH SUITE 310
	ST. PETERSBURG,	<i>FL 33701</i> Zip Code)
For further info	ormation concerning this matter, please call	
		at (727) 502 · 088/ (Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Departme	ent of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: MCNULTY FUNDING, INC.
2. The principal office address: 146 SECOND STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33701
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/39/3006 Document number: P06000112436
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MICHEL K. MIKKOLA
146 SECOND STREET NORTH, SUITE 310 E
ST. PETERSBURG, FL 3370/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): LEE Z. MASK
146 SECOND STREET NORTH, SUITE 310 (P.O. Box NOT acceptable)
ST. PETERSBURG, FL 33701
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.
There LEE MASK
(Signature of an officer or director) 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 carporation has been notified in writing of this change. (Signature of Registered Agent) If signing on behalf of an entity:
If signing on behalf of an entity:
McNulty Funding, Inc. (Typed or Printed Name)

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

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