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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Rolchange Palchange Pallil

COVER LETTER

Division of Corporations							
SUBJECT:	FirstSource Funding	ı, Inc					
	Name of Corporat	ion					
DOCUMENT NUMBER:	P0800003	32061					
The enclosed Statement of Change	e of Registered Office/Agent	t and fee are	submitted for filing.				
Please return all correspondence co	oncerning this matter to the	following:					
	Ted Benghia	t					
	Ted Benghia Name of Contact Pe	rson	 _				
	FirstSource Fundir	na, Inc					
	Firm/Company						
	7301 SW 57th Court, Suite 420						
	Address						
	South Miami, FL 3	3143					
City/State and Zip Code							
Ted@sfgfinancial.com E-mail address: (to be used for future annual report notification)							
E-mail addres	ss: (to be used for future a	nnual repor	t notification)				
For further information concerning	g this matter, please call:						
Ted Benghi	at at (305 v	669-5168				
Name of Contact P	erson	Area Code &	669-5168 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	orporation organized	607.1508, or 617.1508. Flo d under the laws of the Stat d agent, or both, in the Stat	te of _Florida		
1. The name of t	he corporation: FirstS	Source Funding	g, Inc			
2. The principal	office address: 7301	SW 57th Court, 9	Suite 420			
	Sout	h Miami, FL 331	43			
3. The mailing a	ddress (if different):	Same as Above				
4. Date of incorp	poration/qualification: _	3/24/2008	Document number:	P08000032061		
	I street address of the cu tment of State: (If resig		at and registered office on f	ile with the		
	Law Offices of Old	ga E Parra, P.A.				
	1010 Scarlet Oak Street					
	Hollywood, FL 33	019				
6. The name and (if changed):	I street address of the ne	ew registered agent (i	f changed) and /or register	ECRETARY SILE SION OF CO		
	Ted Benghiat			PR ROCK		
	7301 SW 57th Co			SIATE SATION		
	0 (1.84)	P.O. Box. NOT ac	ceptable	№ #		
	South Miami, FL 3	33143				
The street address changed will	ess of its registered off be identical.	ice and the street add	dress of the business offic	e of its registered agent,		
			y its board of directors or ied in writing of the chang			
Signatu	re of an officer or director		Ted Benghia	t President		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as re to comply with the pro ad I am familiar with a ing filed merely to refle s been notified in writin	gistered agent and a visions of all statute nd accept the obliga set a change in the r ng of this change.	igree to act in this capaci s relative to the proper a ition of my position as reg egistered office address, i	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the		
			6.14.1	·/		
_	nature of Registered Agent		Date			
If signing on be	half of an entity:					
т	Ted Benghiat yped 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 * * *