## P 100000004136

| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

C.COULLIETTE
JUN 0 1 2010

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: UNIQUE FUNDING INC.  |  |  |                 |  |  |  |  |
|---|--|--|-----------------|--|--|--|--|
| <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>                          | Name of Corpor                           | ration                                     | · <del></del>   |  |  |  |  |
| DOCUMENT NUMBER:  | ENT NUMBER: P10000004136                 |  |                 |  |  |  |  |
| The enclosed Statement of Chang   | ge of Registered Office/Age              | ent and fee are submitted fo               | or filing.      |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |                 |  |  |  |  |
|   | BAYCOU                                   | =N1  |                 |  |  |  |  |
|   | RAY COHE Name of Contact                 | Person                                     | <del></del>     |  |  |  |  |
| Name of Contact Leison  |  |  |                 |  |  |  |  |
| UNIQUE FUNDING INC.   |  |  |                 |  |  |  |  |
| Firm/Company  |  |  |                 |  |  |  |  |
|   |  |  |                 |  |  |  |  |
|   | 136 YACHT CLUI                           | B DR. #1                                   |                 |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                                     | Address                                  |  |                 |  |  |  |  |
|   |  |  |                 |  |  |  |  |
|   | NORTH PALM BEAC                          | H FL. 33408                                |                 |  |  |  |  |
| City/State and Zip Code   |  |  |                 |  |  |  |  |
|   |  |  |                 |  |  |  |  |
| E-mail addr   | rcpalmbeach@aess: (to be used for future | ol.com                                     | <u></u>         |  |  |  |  |
| D man addi  | sss. (to be asea for fatare              | annuar report notification                 | ,,,,            |  |  |  |  |
|   |  |  |                 |  |  |  |  |
| For further information concerni  | ng this matter, please call:             |  |                 |  |  |  |  |
| RAY COH   | EN .                                     | <u> </u>                                   | 10 2256         |  |  |  |  |
| Name of Contact   | Person                                   | ( <u>561</u> ) 7<br>Area Code & Daytime Te | elephone Number |  |  |  |  |
|   |  |  |                 |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.      |  |  |                 |  |  |  |  |
|   |  |  |                 |  |  |  |  |
| <u>Mailing</u>  | Address:                                 | Street Address:                            |                 |  |  |  |  |
|   | Address:<br>ment Section                 | Street Address:<br>Amendment Section       |                 |  |  |  |  |
|   | n of Corporations                        | Division of Corpora                        | tions           |  |  |  |  |
| P.O. Bo   |  | Clifton Building                           |                 |  |  |  |  |
| Tallaha   | ssee, FL 32314                           | 2661 Executive Cen                         | iter Circle     |  |  |  |  |

Tallahassee, FL 32301

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

| statement of cha  | nge is submitted for a co  | rporation organized   | 07.1508, or 617.1508, Flo<br>under the laws of the Stat   | e of FLORIDA   |
|---|--|---|---|--|
| <del></del>   |  | 2 0   | agent, or both, in the State  | e of Florida.  |
|   | the corporation: UNIQ  |   |   | <del>1. 1 . 2 to 1 </del>  |
| 2. The principal  | office address: 136 YA   | CHT CLUB DR   | #1 NORTH PALI   | M BEACH FL 33408   |
| 3. The mailing a  | ddress (if different): PC  | BOX 531471  | LAKE PARK FL  | . 33403  |
| 4. Date of incor  | poration/qualification:  | 01/14/2010  | Document number:  | PID000004136   |
|   | I street address of the cur<br>tment of State: (If resign  |   | and registered office on fi   | le with the  |
|   | RAY COHEN  |   |   | 6H)  |
|   | 136 YACHT CLUB   | DR #1   |   |  |
|   | NORTH PALM BE  | ACH FL 33408  |   |  |
| 6. The name and (if changed):   | street address of the nev  | v registered agent (if  | changed) and /or registere  | ASSE THE   |
|   | RAY COHEN  | · · · · · · · · · · · · · · · · · · ·   |   |  |
|   | 3009 30TH COUR   |   |   |  |
|   | JUPITER FL 3347  | P.O. Box NOT acco   | eptable<br>·  |  |
| as changed will   | ess of its registered offic<br>be identical.   | e and the street add  | ress of the business office<br>its board of directors or<br>ed in writing of the chang                                |  |
| Signatu   | ry of an officer or direptor   |   | RAY CO  |  |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is be<br>corporation has | the appointment as reg<br>to comply with the provi<br>d I am familiar with an<br>ng filed merely to reflec<br>been notified in writing | istered agent and ay<br>isions of all statutes<br>d accept the obligat<br>t a change in the re<br>g of this change. | gree to act in this capacity<br>relative to the proper an<br>ion of my position as regi<br>gistered office address, I | y,<br>d complete performance<br>stered agent. Or, if this<br>hereby confirm that the |
|   | Day Red  |   | 5/19/   | 110  |
|   | nature of Registered Agent half of an entity:  |   | / Date /  |  |
|   | RAY COHEN  yped or Printed Name  | 7-1-5 T-1-1-1   |   |  |

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