

P15000043240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Re Change

JUL 10 2015

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COD FUNDING INC.
Name of Corporation

DOCUMENT NUMBER: P15000043240

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:

AILENE COLINI
Name of Contact Person

COD FUNDING
Firm/Company

151 N. NOB HILL ROAD
Address

PLANTATION, FL 33324
City/State and Zip Code

ACOLINI@CODFUNDING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AILENE COLINI at (754) 224-1230
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 JUL -6 AM 10:00
TALLAHASSEE, FL
SECRETARY OF STATE

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: COD FUNDING, INC.
2. The principal office address: 151 N. NOB HILL ROAD, SUITE 399
PLANTATION, FL 33324
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 05/13/2015 Document number: P15000043240

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

AILENE COLINI
631 S.W. 54TH AVENUE
PLANTATION, FL 33317

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

AILENE COLINI
151 N. NOB HILL ROAD, SUITE 399
P.O. Box NOT acceptable
PLANTATION, FL 33324

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TALLAHASSEE, FLORIDA

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.

Ailene Colini
Signature of an officer or director

AILENE COLINI, PRESIDENT
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.

Ailene Colini
Signature of Registered Agent

06/29/2015
Date

If signing on behalf of an entity:

AILENE COLINI
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
CR2E045 (03/12)