## P1000002702

(Rec	questor's Name)
(Adc	dress)
(Add	dress)
(City	//State/Zip/Phone #)
PICK-UP	
(Bus	siness Entity Name)
(Doc	cument Number)
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## COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	Express Funding Group
	Name of Corporation
DOCUMENT NUM	NBER: P16000062702
The enclosed States	nent of Change of Registered Office/Agent and fee are submitted for filing
Please return all cor	respondence concerning this matter to the following:
	Podrigo Navarrata
-	Rodrigo Navarrete Name of Contact Person
	Express Funding Group
	Firm/Company
	850 N State Road 7
_	Address
	Plantation, FL 33317
	City/State and Zip Code
	rodrigo@autoecredit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodrigo Navarrete	at ( 786 ) 202-7219
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

CR2E045 (03/12)

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

1. The name of the corpor	ration:	Express Fund	ing Group IN			
2. The principal office ad			load 7, Plantatio			
3. The mailing address (if	different	.):				
4. Date of incorporation/q	ualificati	on:07/27/20	16 Docume	ent number: P160	00062702	<u> </u>
5. The name and street ad Florida Department of 3				tered office on file v	with the	
U	Jnited S	tates Corporati	ion Agents, Inc.		-	
1.	3302 W	inding Oak Co	urt, Suite A			
ſ	Tampa, FL. 33612				-	
6. The name and street ad (if changed):	dress of t	he new registered	agent (if changed)	and /or registered o	2019 JAN	·
		Hugo Nava	arrete		22	Ī
		850 N Stat	e Road 7		PH	ן דן די
		P.O. Box	NOT acceptable			C
		Plantation	, FL. 33317		(9	
The street address of its i as changed will be identia	cgisteree	foffice and the st	reet address of the	business office of i	۰, ۲	
Such change was authori authorized by the board		//				
	Y		Rodri	go Navarrete - S	ecretary	
Signature of an office				rinted or typed name and ti		
I hereby accept the appoint I further agree to comply performance of my dulies agent. Or, if this docume hereby confirm that the c	intment a with the , and I a nt is bein orporatio	s registered agen provisions of all m familiar with a ng filed merely to on has been notifi	nt and agree to act statutes relative to nd accept the oblig reflect a change fi led in writing of th	in this capacity. the proper and con- gation of my position in the registered offi- is change.	nplete n as registered ce address, 1	
At	2'			01/19/18		
Signature of Reg	istered Ages	nt		Date		
If signing on behalf of an	entity:					
Typed or Print	ed 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)