## P28845

(Requestor's Name)					
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bus	siness Entity Na	me)			
(Doc	ument Number	<del></del>			
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer	<del></del>			
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Office Use Only



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05/05/05--01045--010 \*\*35.00

05 MAY -5 PM 1: 24 SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED

05 HAY -5 MIII: 24

05 HAY -5 MIII: 24

DP 5/5/05

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

Funding Corp. I		P28845
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<del></del>		
( ) Profit ( ) Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	(X) Change of RA
() Certified Copy	() Fictitious Name () Photocopies	() UCC () CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	5/5/2005	Order#: Ashley
Availability		
Document		D 011
Examiner	AAM	Ref#:
Updater		
Verifier		Amount: ©
W.P. Verifier		Amount: \$

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

Pursuant to the pr	ovisions of sect	ions 607.0502, 617.0502,	607.1508, or 617.1508, Flo	orida Statutes,	
this statement of ch	ange is submitte	ed for a corporation organ	ized under the laws of the St	ate of	
Delaware	-	•	e or registered agent, or bot	•	
of Florida.		3 3		.,	
1. The name of the	corporation: Fu	inding Corp. I			
	<i>-</i>		14000 7 WM 40510		
2. The principal off	ice address:_c/o	: State Income Tax, P. O. Box	14000, Lexington, KY 40512		
3. The mailing addi	ess (if different)	: Attn: State Income Tax, P. C	D. Box 14000, Lexington, KY 40	512	
4. Date of incorpora	ation/qualification	on: 04/04/1990	Document number: P28845		
	_			15.02	
5. The name and str Florida Departme		ne current registered agent	and registered office on file	White English	
		C T Corporation System	1	ASSES 5	
	660 East Jefferson Street				
		Tallahassee, FL 32301		FLST	
6. The name and so changed):	treet address of	the new registered agent	(if changed) and /or registe	ered emiss (if	
		The Corporation Compan	у		
		Suite 101			
- <del></del> -	(P.O. Box or personal maifbox NOT acceptable)				
<del></del>	1203 Gove	mors Square Blvd., Tallahassee	e, FL 32301- 2960		
The street address o	of its registered or ill be identical.	office and the street addre	ss of the business office of i	ts registered	
Such change was at authorized by the by	nthorized by resonard, or the corp	olution duly adopted by its poration has been notified	s board of directors or by an in writing of the change.	officer so	
Signature of an officer, chair	man or vice chairman	Jami K	. Suver, Assistant & (Printed or typed name and title)	Secretary	
l further agree to co performance of my registered agent. O office address, I her	omply with the p duties, and I am or, if this docum by confirm tha	registered agent and agre provisions of all statutes re a familiar with and accept ent is being filed merely to at the corporation has bee	ee to act in this capacity, elative to the proper and co the obligation of my position o reflect a change in the reg n notified in writing of this	mplete on as istered change.	
	oration System		ı		
By: (Signatur	re of Registered Asent)		May 200 20	25	
If signing on behalf of an entity: CONNIE BRYAN  PECIAL ASSISTANT SECRETARY					
(Typed	or Printed Name)		(Capacity)		

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

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