P28845

(Requestor's Name)	
(Address)	
	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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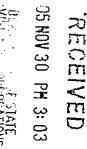


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NOR 11/30/05





ACCOUNT NO.	: 072100000032
REFERENCE	: ⁻ 719720 7505911
AUTHORIZATION	: _ O. Weaver
COST LIMIT	: \$ 35.00
ORDER DATE: November 22, 2009	5 ⁻
ORDER TIME : 2:19 PM	
ORDER NO. : 719720-505	- · · · · · · · · · · · · · · · · · · ·
CUSTOMER NO: 7505911	
CHANGE OF AC NAME: FUNDING CORP.	
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	PROOF OF FILING:
CONTACT PERSON: Doreen Wallace	AMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Delaware ered agent, or both, in the State of Florida.
	the corporation: FUNDING CORP. I	area again, or com, in the state of 2 to take.
2. The principal	al office address: c/o State Income Tax, P. (D. Box 14000, Lexington, KY 40512
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·
4. Date of incor	rporation/qualification: 04/04/1990	Document number: P28845
	nd street address of the current registered a artment of State:	gent and registered office on file with the
	The Corporation Company	<u></u>
	1203 Governors Square Blvd., Suite 101	
	Tallahassee, FL 32301-2960	E SE T
6. The name and (if changed):	nd street address of the new registered ager	nt (if changed) and /or registered office 3
	Corporation Service Company	EST E
	1201 Hays Street	一
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	<u></u>
The street addr	ress of its registered office and the street ll be identical.	address of the business office of its registered agent,
Such change wauthorized by the	vas authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.
Massignate Signate	ture of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is be corporation ha	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change on Service Gompany	d agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By:	ignature of Registered Agent)	_11/16/2005 (Date)
If signing on be	ehalf of an entity:	
Elizabeth A. Da	awson, Asst. Vice President	
<u> </u>	(Typed or Printed Name)	

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