## P96000052838

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200295781902

02/21/17--0:6:7--009 \*\*35.00

TYPEB 21 AM 9: 08

FEB 23 2017 C MCNAIR

## LAW OFFICES of JOSEPH P. KLAPHOLZ, P.A.

7951 S.W. 6<sup>th</sup> Street Suite 210 Plantation, Florida 33324-3276

Joseph P. Klapholz, Esq. Also Member of the Maryland Bar Phone: (954)-925-3355 Direct Line: ext. 135 Fax: (866)-537-1210 jklap@klapholzpa.com

February 17, 2017

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Airfund Technologies, Inc.

Our File No.: 2017-9004

Dear Sirs:

Enclosed herein please find the following documents:

- 1. Cover Letter.
- 2. Statement of Change of Registered Office or Registered Agent of Both for Corporations duly signed.
  - 3. Our check in the amount of \$-35:00 payable to Department of State.

Kindly process these documents at your earliest convenience. We thank you for your attention to this matter and, as always, should you have any questions, please do not hesitate to contact the undersigned accordingly. I remain,

Very Truly Yours,

JOSEPH P. KLAPHOLZ, P.A.

JOSEPH KLAPHOLZ, Esq.

JPK/dml Enc.

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

AIRFUND TECHNOLOGIES, INC.

Name of Corporation

DOCUMENT NUMBER:

P96000052838

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:

Joseph P. Klapholz, Esq.

Name of Contact Person

Joseph P. Klapholz, P.A.

Firm/Company

7951 S.W. 6th Street, Suite 210

Address

Plantation, Florida 33324

City/State and Zip Code

jklap@klapholzpa.com

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

For further information concerning this matter, please call:

Joseph P. Klapholz, Esq.

.954

925-3355 ext. 135

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

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Airfund Technologies, Inc.
2. The principal	office address: 630 Tennis Club Drive, # 204, Fort Lauderdale, Florida 33311
3. The mailing a	ddress (if different): same
4. Date of incorp	poration/qualification: 06/20/1996 Document number: P96000052838
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Anthony Landino, MCPA
	222 S.E. 10th Street
	Fort Lauderdale, Florida 33316
6. The name and (if changed):	222 S.E. 10th Street  Fort Lauderdale, Florida 33316  street address of the new registered agent (if changed) and /or registered office  Joseph P. Klapholz, Esq.
	Joseph P. Klapholz, Esq.
	7951 S.W. 6th Street, Suite 210
	PO Box NOT acceptable
	Plantation, Florida 33324
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	sauthorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
	Joseph Custy  e of an officer or spector Printed or typed name and title
I hereby accept	the appointment as registered agent and agree to act in this capacity.  The complex with the provisions of all statutes relative to the proper and complete my duties, and I am fundiar with and accept the obligation of my position as registered is document is being filled merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
() 50	2/17/2017  Date
If signing on bel	
	PA P. IKLAPHOLE ped or Printed Name

ł

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