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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Fundsance Funding Corporation
DOCUMENT NUMBER: P 98 0000 P4788
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:
Name of person)
Rame of firm/company)
3850 Galt Ocean Dr. 708 (Address)
Ft. Landerdole F1. 33308 (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at (954) 566-9400 (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 409 E. Gaines Street Tallahassee, FL 32399

## 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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: FUNDSAMERICA FUNDING CORP.
2. The principal office address: 965 w. Samuel Blod.
FTLAUDERIALE, 7L 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/27/98 Document number: P 9800007478
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARK SAND
1001 Somerial Blod. FE SH -
Ft. Lundardule, fl. 33309 SS
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Bruce S. B. Har
(F.O. Box or personal mailbox NOT acceptable)
Ft. Lundardale Fla. 33308
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.
Support e of an officer, chairman or tree chairman of the board)  Trust or typed name and title)
Whereby accept the appointment as registered agent and agree to act in this canacity.
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
Thereby accept the appointment as registered agent and agree to act in this capacity. If 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.
(Signature of Registered Agent)  8/22/03 (Date)
if signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

M AKE CHECKS PAI ABLE TO FLORIDA DEPARTMENT OF STATE AND M AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314