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NEW FILINGS	AMENDMENTS	PH 4: 26 Ricer/Director
Profit	Amendment	LORD F.
NonProfit	Resignation of R.A., Offi	icer/Director
Limited Liability	Change of Registered Ag	gent
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OTHER FILINGS	REGISTRATIO QUALIFICATIO	ON ON
Annual Report	Foreign	Section (Section)
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
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31(1/95)		Examiner's Initials

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, the
undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation is: 62 Funding, DNC.
1. The name of the corporation is:
2. The mailing address of the corporation is: 1756 UNIVERSITY BLUD 5,
TACKSONVILLE, PL 32216
1/2/50 908 9/285
3. Date of incorporation/qualification:
4. The name and address of the current registered agent and office:
Rodger J. Friedline, Esq.
4811 Atlantic Blvd. #4
Jacksonville, FL 32207
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
RODGER J. FRIEDLINE, 1944
1756 University Blvd. South
Jacksonville, FL 32216
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
X15199
(Signature of an officer, chairman or vice chairman of the board) (Date)
(and Den President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my ditties, and I am familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
YE ,

CR2E045(7/97)

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