## F06000006893

(Requestor's Name)  (Address)  (Address)	900157227489	
(City/State/Zip/Phone #)	; 06/29/0901028001 **35.00	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	O9 JUN 29 PH 1: 13 SECRETARY OF STATE ALLIAHASSEE FLORIDA	
Office Lise Only	Delband	

## **COVER LETTER**

Division of Corpo	on rations
SUBJECT:	APEX FUNDING, INC.
	Name of Corporation
DOCUMENT NUMBER	:F06000006893
The enclosed Statement of	Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	DEANA LOVENZO  Name of Contact Person
	APEX FUNDING INC
	1912 N. BROXDWAY 556350 Address
	SANTA ANA CA 92706 City/State and Zip Code
E-mai	Pana Paperdirections.com laddress: (to be used for future annual report notification)
	ncerning this matter, please call:
DEATUR LONG Name of C	at (27) 288-38 (3) Ontact Person  at (27) 288-38 (3) 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
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 ange is submitted for a corporation organized under the laws of the State of California er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: APEX FUNDING, INC.
	office address: 24-BROOKLINE, ALISO VIETO, CA 92656
Y Y Y	1912 N BRANDWAY STE350
3. The mailing a	address (if different): Stutt ANA CA 92706
4. Date of incorp	poration/qualification: 11/02/2006 Document number: F06000006893
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	RESIGNED 03/20/2009
	Ps c
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Incorp Services, Inc.
	17888 67th Court North
	P.O. Box NOT acceptable
	Loxahatchee, FL 33470
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	men Logia   TRAMIN REDIA! CEO Printed or typed name and title
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Janic	ce sull 6/9/09
Sign	nature of Registered Agent Date
Af signing on bel	chalf of an entity:
Janice Nul	Il for Incorp Services, Inc.
	yped or Printed Name

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