

FD2000003258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

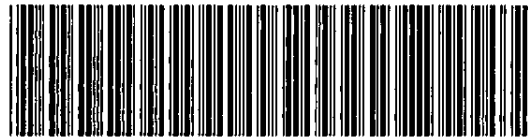
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2-14-11

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consumer Credit Counseling Service of the Midwest, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F02000003258

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:

James H. Zeier
(Name of Contact Person)

Consumer Credit Counseling Service of the Midwest, Inc
(Firm/Company)

4500 E. Broad Street
(Address)

Columbus, OH 43213
(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Zeier at (614) 552-4708
(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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2011

James H. Zeier
Consumer Credit Counseling Service
4500 E. Broad Street
Columbus, OH 43213

SUBJECT: CONSUMER CREDIT COUNSELING SERVICE OF THE MIDWEST,
INC.
Ref. Number: F02000003258

We have received your document for CONSUMER CREDIT COUNSELING
SERVICE OF THE MIDWEST, INC. and your check(s) totaling \$35.00. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 211A00002365

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Consumer Credit Counseling Service of the Midwest, Inc

2. The principal office address: 4500 E. Broad Street, Columbus, OH 43213

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/10/1967 Document number: F02000003258

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James H. Zeier

1333 S. University Drive Suite 210

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Juan Castrillon

1333 S University Drive Suite 210

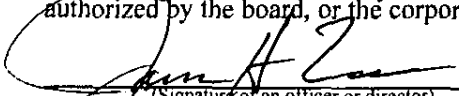
(P.O. Box NOT acceptable)

Plantation, FL 33324

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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.

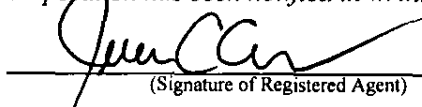


(Signature of an officer or director)

James H. Zeier VP/CFO

(Printed or typed name and title)

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 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)

2/9/11

(Date)

If signing on behalf of an entity:

Juan Castrillon

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314