

F02XXXXU3258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

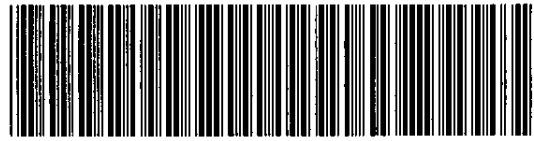
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 MAY 20 AM 9:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Brian Yoder
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

compliance@apprisen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Yoder at (614) 552-4726
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

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 East 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: (If resigned, enter resigned)

Juan Castrillon

1333 S University Dr, 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

5400 S University Dr, Suite 107

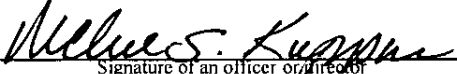
P.O. Box NOT acceptable

Davie, FL 33328

FILED
2011 MAY 20 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

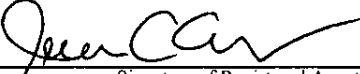
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Michael S. Kappas, President/CEO
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

5/17/11
Date

If signing on behalf of an entity:

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