Electronic Filing Cover Sheet

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(((H15000228023 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BUSINESS FILINGS

Account Number: 105256001620

: (608)827-5300

Fax Number

: (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE EDALSA COLLECTIONS, LLC

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SEP 23 2015

Electronic Filing Menu

Corporate Filing Menu

Help

P.002

Fax Audit #H15000228023 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: EDALSA COL	LEC	TIC	ONS, LL	C
2. (a)	650 West Avenue, #1503		(b)	650 We	est Avenue, #1503
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach, FL 33139			Miami B	leach, FL 33139
	4/44/2042	_		400000	07000
,	1/14/2013	- ,	_	.130000	
3.	Date of filing/registration in Florida	4.			Document number
5.(a)	BUSINESS FILINGS INCORPORATED				_
	Registered Agent and Registered Office shown on the records of t 515 E PARK AVE	he Flor	ida I	Depr. of Stat	e:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					ක්ග ක්
	TALLAHASSEE ,FL	3230	1		SEATT SE
(b)	Business Filings Incorporated				ASSIN ASSIN
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	add)	<u>'ess</u> :	
	1200 South Pine Island Road				E.P. STAT
	NEW Registered Office Address:				DE L
	Plantation	3332	!4		-
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the replicitly fithe for	gist con imit	ered offic npany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signat	ture of a member or authorized representative of a member	_			Printed or typed name of signee
nounee	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change.	ee to a perfor I for it tereby	nct i mai n Cl cor	n this cap ace of my apter 60: afirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatui	re of Registered Agent Mark Williams, AVP, Busine	ss F	iling	gs Incor	porated
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00					