P07000098721

(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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10 AUG -3 AM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600181527486

Rtn CK - 06/21/10--01013--002 **52.50

08/04/10--01010--001 **67.50

FILED
10 AUG -4 PM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Debt Freedom Center, Inc.

DOCUMENT NUMBER: P07000098721

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackson "Jack" Sullivan
Name of Contact Person

The Debt Freedom center, Inc
Firm/ Company

1779 N. Congress Ave, 334
Address

Boynton Beach, FL 33426
City/ State and Zip Code

info @ the debt freedom center. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackson Sullivan at (561) 819-3109 x101
Name of Contact Person — Area Code & Daytime Telephone Number.

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☒ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

June 21, 2010

JACKSON JACK SULLIVAN
THE DEBT FREEDOM CENTER, INC.
1779 N. CONGRESS AVE, 334
BOYNTON BEACH, FL 33436

SUBJECT: THE DEBT FREEDOM CENTER, INC.
Ref. Number: P07000098721

We have received your document for THE DEBT FREEDOM CENTER, INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L05000042201- DFC, LLC.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00015260

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2010

COYNE CAMBRIGEG
1779 N. CONGRESS AVE., #334
BOYNTON BEACH, FL 33428-8205

SUBJECT: CORP. NAME UNKNOWN - RE: DFC NAME CHANGE
Ref. Number: 600181527486

Debit Memo #: 00060-G

This is to inform you that your check #1032 dated June 17, 2010 in the amount of $52.50 and submitted for CORP. NAME UNKNOWN - RE: DFC NAME CHANGE has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in amount of $67.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Michelle Milligan
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,
Michelle Milligan
Administrative Assistant II
Division of Corporations

Letter number: 010A00017488

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Debt Freedom Center

DOCUMENT NUMBER: P07000098721

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Browne
Name of Contact Person

The Debt Freedom Center
Firm/ Company

1779 N. Congress Ave 334
Address

Boynton Beach, FL 33426
City/ State and Zip Code

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

For further information concerning this matter, please call:

John Browne at (561) 596-9152
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☒ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

The Debt Freedom Center

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000098721

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The Consumer Credit Coalition, INC *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____ *(Florida street address)*

_____, Florida _____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8-2-10
(date of adoption is required)

Effective date if applicable:
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8-2-10

Signature Jack Sullivan
(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jackson "Jack" Sullivan
(Typed or printed name of person signing)

President
(Title of person signing)