

P96000027744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

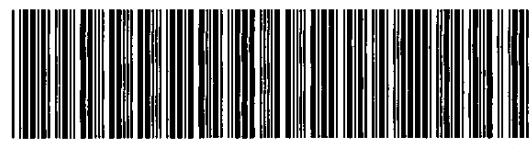
(Business Entity Name)

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06 JUN 16 PM 14:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 21 2006

FLORIDA CREDIT & COLLECTIONS BUREAU, INC.

Licensed & Certified Credit & Collections Specialist
Member of Equifax, Experian, & Trans Union
Member of American Collectors Association
Member of Healthcare Financial Management Association

Florida Credit & Collections Bureau, Inc.
224 E Garden Street, Suite 7
Pensacola, FL 32502
(850) 438-8718
GA Location (706)745-8029
Toll Free (800)933-3360

Document Number: P96000027744

Contact Person: Robert W Lowell, President & CEO



AMERICAN COLLECTORS
association member

"Covering the Southeast with professional collection service"

1480 Terrell Mill Road, Suite 739-F
Marietta, Georgia 30067
(770) 995-7830
Email: gacred@alltel.net

Carlton Palms Office Complex
224 East Garden Street, Suite 7
Pensacola, Florida 32501
(850) 438-8718 • Toll Free: 1-888-888-8718
Fax: (850) 438-4428

189 Rogers Street, Suite 201
Blairsville, Georgia 30512
(706) 745-8029 • Toll Free: 1-800-933-3360
Fax: (706) 745-9644

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Credit & Collections Bureau, Inc.

DOCUMENT NUMBER: P96000027744 March 29, 1996

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

Please return all correspondence concerning this matter to the following:

Robert W. Lowell
(Name of Contact Person)

Florida Credit & Collections Bureau, Inc.
(Firm/ Company)

224 E Garden Street, Suite 7
(Address)

Pensacola, FL 32502
(City/ State and Zip Code)

For further information concerning this matter, please call:

Robert W Lowell at Toll Free (800)933-3360
(Name of Contact Person) FL (850) 438-8718
GA (706) 745-8029
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

The date of each amendment(s) adoption: 06/06/2006

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

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

- The amendment(s) was/were approved 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 Robert W Lowell, President & CEO = 100% Stock Shareholder
(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.

Signature Robert W. Lowell
(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)

Robert W. Lowell
(Typed or printed name of person signing)

Director - President - CEO
(Title of person signing)

FILING FEE: \$35