

ND100000353i

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

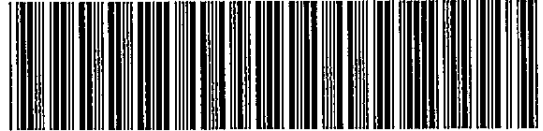
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700036245367

06/04/04--01007--005 **35.00

04 JUN -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

sf
RAIRO
chg
6/3/04

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

1. The name of the corporation: ASSURED CREDIT COUNSELING INC
2. The principal office address: 3773 NW 126 AVE SUITE #3, CORAL SPRINGS, FLORIDA, 33065
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5-21-01 Document number: NO1000003530
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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

ROBERT SPIEWAK

611 NW 110 AVE

(P.O. Box or personal mailbox NOT acceptable)

CORAL SPRINGS FL 33071

FILED
04 JUN -3 PM 2:18
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.

Robert Spiewak
(Signature of an officer or director)

ROBERT SPIEWAK, DIRECTOR
(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)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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