

Division of Corporations **Electronic Filing Cover Sheet**

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$\mathbf{Em} = \mathbf{i} 1$	Address:				

LLC REGISTERED AGENT CHANGE CREDITMAX HOLDINGS LLC

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K. SALY EXAMINER

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1/15/2016 2:12:54 PM From: To: 8506176383(2/2)

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. 1	Name of the limited liability company: CREDITMAX H	IOLDING	SS LLC				
2. (a	Principal office address of limited liability company:	(b)	Mailing address of I	limited liability comp		
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)				
	1555 PALM BEACH LAKES BLVD., SUITE 200		1555 PALM BEACH LAKES BLVD., SUITE 200				
	WEST PALM BEACH, FL 33401		WEST PA	ALM BEACH, FL 33401			
	07/22/2010		M10000003	3236			
3.	Date of filing/registration in Florida	4.		Document num	ber .		
5. (a	CORPORATION SERVICE COMPANY						
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Stat	e:			
	Registered Office Address	_					
	1201 HAYS STREET	1201 HAYS STREET					
	TALLAHASSEE, FI	32301-2	2525	_	2016 JAR	1	
(b)	C.T. Compration System				元	ger same.	
(0,	Enter name of NEW Registered Agent and/or NEW Registered) Office ac	idress:	_	15 AND 10		
	NEW Registered Office Address:			-	30 6		
	1200 South Pine Island Road						
	Plantation , FL	33324		_			
the chagent was/v the A	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the	f the region in the line of the line in th	istered office ompany, it i nited liabilit	e and the busines s hereby confirm sy company or as	ss office of the re ned that the chan	egistered ge(s)	
	nature of a member or authorized representative of a member			Printed or typed na	ame of signee		
понун	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. Conoration System	ree to ac perforn d for in hereby c	t in this cap nance of my Chapter 605 confirm that	acity. I further a duties, and I an 5, F.S. Or, if this the limited liabil	agree to comply v familiar with an s document is hei lity company has	with the d accept ing filed been	
By:	Conne Brusa_		***				
១ម៉ោង	ture of Registered Agent	, ,	100 m				