F11000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JAN 15 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2016

C. CARROTHERS

January 11, 2016

**VIA US MAIL**

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;

2. $35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Mackenzie Hibler
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.
Name of Corporation

**DOCUMENT NUMBER:** F11000000232

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mackenzie Hibler
Name of Contact Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd., Suite 300
Address

Austin, TX 78744
City/State and Zip Code

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

For further information concerning this matter, please call:

Mackenzie Hibler at (888) 705-7274
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

**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

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

1. The name of the corporation: CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.
2. The principal office address: 1000 UNIVERSITY AVE, STE 900, ROCHESTER, NY 14607-1286
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/19/2011 Document number: F11000000232
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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.

Signature of an officer or director

Christopher Camaione-Lind, CFO
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

1/11/16
Date

If signing on behalf of an entity:

Adam Saldana, Asst. Secretary
Typed or Printed Name

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

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

CR2E045 (03/12)