I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE JANAS

Electronic Signature of Signing Officer/Director Detail

WINTER PARK, FL 32789 **Current Mailing Address:**

Current Principal Place of Business:

Entity Name: CONSUMER DEBT COUNSELORS, INC.

831 W MORSE BLVD WINTER PARK, FL 32789

DOCUMENT# N9800005858

FEI Number: 59-3548266

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803 US

831 W MORSE BLVD

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

Title	PD	Title	SD
Name	JANAS, GEORGE JJR	Name	GEWOLB, JAY D
Address	1763 COCOPLUM CT	Address	1759 COCOPLUM CT
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

PRESIDENT

01/26/2023 Date

FILED Jan 26, 2023 Secretary of State 0619013292CC

Certificate of Status Desired: No

Date