

F01000004434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

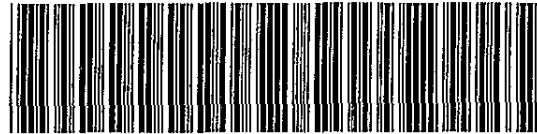
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Accredited Collection Agency Inc  
(Name of corporation)

**DOCUMENT NUMBER:** F01000004434

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:

Jeffrey A Winters  
(Name of contact person)

Accredited Collection Agency Inc  
(Firm/Company)

47 E Ridgewood Ave  
(Address)

Ridgewood NJ 07450  
(City/state and zip code)

For further information concerning this matter, please call:

Jeffrey A Winters at ( 800 ) 356-3713  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

1. The name of the corporation: Accredited Collection Agency Inc.
2. The principal office address: 47 E Ridgewood Ave  
Ridgewood NJ 07450
3. The mailing address (if different): \_\_\_\_\_
4. Date of Incorporation/qualification: 8/17/01 Document number: F01000004434
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lexis Document Services Inc  
1201 Hayes Street  
Tallahassee FL 32301

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

Jeffrey A Winters  
Spanish River Plaza  
500 Spanish River Blvd STE 6  
(P.O. Box NOT acceptable)  
Boca Raton FL 33431

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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]  
(Signature of an officer or director)

JEFFREY A WINTERS, President  
(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]  
(Signature of Registered Agent)

9/14/04  
(Date)

If signing on behalf of an entity:

JEFFREY A WINTERS, President  
(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