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WALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 10, 2004

NSI TRACI SMITH PO BOX 6293 MARION, OH 43301-6293

SUBJECT: RESOLUTION CONSUMER CREDIT COUNSELING, INC.

Ref. Number: F03000005160

We have received your document for RESOLUTION CONSUMER CREDIT COUNSELING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the wrong form to change the registered agent for a foreign corporation qualified here in Florida. I am enclosing the correct form for you to complete and send back to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 804A00064408



October 28, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith

Corporate Services Manager

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stated for a corporation organized under the laws of the State of Ohio	•	ent of in order
	istered office or registered agent, or both, in the State of Florida.		
	he corporation: Resolution Consumer Credit Counseling, Inc.		
2. The principal	office address: 5155 Financial Way, Mason, OH 45040		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 10/16/2003 Document number: F0300000	5160	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with tment of State:	the	
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and	street address of the new registered agent (if changed) and /or registered office	ALL A	FIL 2004 ₹ D V 21.
(if changed):		I.	$\tilde{\mathbb{S}}$
	NRAI Services, Inc.	SSEE	FILED
	526 E. Park Avenue		
	(P.O. Box or personal mailbox NOT acceptable)	OR!	1
	Tallahassee, FL 32301	55 DA	
The street addre	ess of its registered office and the street address of the business office of its identical.	registered agent,	as
Such change wa	as authorized by resolution duly adopted by its board of directors or by an ore corporation has been notified in writing of the change.	fficer so authoriz	zed by
Sti	Stephen Schaller,	Secretary	
•	ignature of an officer or director) (Printed or typed nat	•	
I hereby accept I further agree t duties, and I am being filed mere been notified in NRAI Services.	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp. I familiar with and accept the obligation of my position as registered agent. By to reflect a change in the registered office address, I hereby confirm that writing of this change.	lete performance Or, if this docu the corporation	e of my ment is has
by: Na	(Signature of Registered Agent)	1	
	half of an entity:	,	
	(Typed or Printed Name) (Capac	ity)	

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