

F05000001586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100171848461

03/12/10--01019--020 **35.00

RA Ro Chy

FILED
10 MAR 12 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts MAR 15 2010

March 5, 2010

VIA U.S. MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **SPRINGBOARD NONPROFIT CONSUMER CREDIT
MANAGEMENT, 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 (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in black ink, appearing to read 'C. Massoud', with a stylized flourish at the end.

CHRISTINA MASSOUD

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Springboard Nonprofit Consumer Credit Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F05000001586

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:

(Name of Contact Person)

Registered Agent Solutions, Inc.
(Firm/Company)

155 Office Plaza Dr., Suite A
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Registered Agent Solutions, Inc. 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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Springboard Nonprofit Consumer Credit Management, Inc.
2. The principal office address: 4351 Latham Street, Riverside, CA 92501
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/15/2005 Document number: F05000001586
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 St

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.

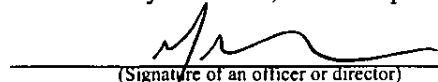
155 Office Plaza Dr., Suite A

(P.O. Box NOT acceptable)

Tallahassee, FL 32301


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)

Todd Emerson, President-CEO
(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.

 Asst. Secretary
(Signature of Registered Agent)

2/18/2010
(Date)

If signing on behalf of an entity:

Registered Agent Solutions Inc.
(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 (8/05)