

F05000007390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

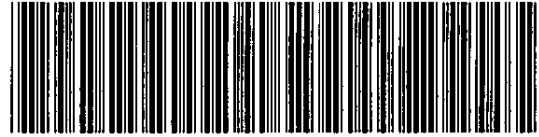
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TALLAHASSEE, FLORIDA

RAOY 8/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CCB Credit Services Inc.
Name of Corporation

DOCUMENT NUMBER: F05000007390

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:

Donna Ragsdale
Name of Contact Person

CCB Credit Services Inc.
Firm/Company

5300 S. 6th St.
Address

Springfield, Il. 62703
City/State and Zip Code

donna@ccbcreditservices.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Ragsdale at (217) 800 252 1772 Ext.2206
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2009

DONNA RAGSDALE
5300 S. 6TH STREET
SPRINGFIELD, IL 62703

SUBJECT: CCB CREDIT SERVICES, INC.
Ref. Number: F05000007390

We have received your document for CCB CREDIT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 909A00024654

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

1. The name of the corporation: CCB Credit Services, Inc.

2. The principal office address: 5300 S. 6th Street
Springfield, IL 62703

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-21-05 Document number: F05000007390

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)

James W. Cabell
1278 Vermeer Dr.
Nokomis, FL 34275

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TALLAHASSEE, FLORIDA

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324


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

Donna Ragsdale, Corp. Sec/
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.

C T Corporation System
By: 
Signature of Registered Agent

7/28/2009
Date

If signing on behalf of an entity:

Stacia Taylor, Assistant 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 (8/05)