

FC6000006273

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 20 2013  
T. LEMIEUX

*[Handwritten signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Consolidated Lien Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F06000006273

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:

Dwaine Foray

Name of Contact Person

Consolidated Lien Corporation

Firm/Company

PO Box 1096

Address

Waxhaw, NC 28173

City/State and Zip Code

Dwaine.ConsolidatedLien@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwaine Foray

Name of Contact Person

— at ( 704 ) 877-3062

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

1. The name of the corporation: Consolidated Lien Corporation
2. The principal office address: 1121 Waynewood Drive, Wesley Chapel, NC 28173
3. The mailing address (if different): PO Box 1096, Waxhaw, NC 28173
4. Date of incorporation/qualification: 10/2/2006 Document number: F06000006273
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)

Scott J. Levine

1900 N. Commerce Parkway

Weston, FL 33326

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

Jeff Lang

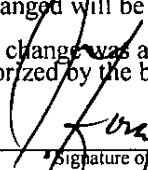
1840 SE 4th Ave., #2B

P.O. Box NOT acceptable

Fort Lauderdale, FL 33316

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

Dwaine Foray, 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 of Registered Agent

8/12/13  
Date

If signing on behalf of an entity

JEFF LANG  
Typed or Printed Name

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

**FILED**  
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