

F090000003020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

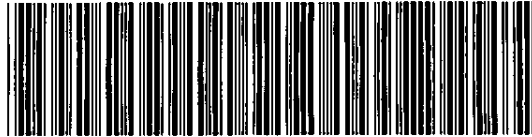
(Business Entity Name)

(Document Number)

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Re Change

JUN 09 2016

D CUSHING

Date: 06/07/2016

Account #: I20000000088

Name: Tamara Clark

Reference #: C016360

ENTITY NAME: CONSUMER CREDIT OF DES MOINES, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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TALLAHASSEE, FLORIDA

Authorized Amount: 35.00

Signature: Tamara J. Clark

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

1. The name of the corporation: CONSUMER CREDIT OF AMERICA, INC.
2. The principal office address: _____
6129 S.W. 63RD ST. DES MOINES IA 50321
3. The mailing address (if different): _____
6129 S.W. 63RD ST. DES MOINES IA 50321
4. Date of incorporation/qualification: 7/27/2009 12:00:00 AM Document number: F09000003020
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)

CT Corporation System

Plantation, FL 33324

1200 South Pine Island Road

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

National Corporate Research, Ltd., Inc.

115 North Calhoun St., Suite 4

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.

Lee Ann Coates
Signature of an officer or director

Lee Ann Coates Vice-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

June 07, 2016

Date

If signing on behalf of an entity:

Brandie Sullivan, 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

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