

F10000001819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

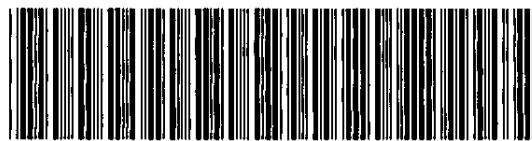
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250548475

RECEIVED
13 SEP 24 PM 1:43
REGISTRATION

FILED
13 SEP 24 PM 2:35

DG-24PB
REGISTRATION
RECEIVED
FILED
13 SEP 24 PM 2:35
REGISTERED
Agent
Change



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 819284 7247887

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 24, 2013

ORDER TIME : 10:42 AM

ORDER NO. : 819284-020

CUSTOMER NO: 7247887

CHANGE OF AGENT

NAME: ASSET ACCEPTANCE CAPITAL CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSET ACCEPTANCE CAPITAL CORP.
Name of Corporation

DOCUMENT NUMBER: F10000001819

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:

Doreen Edquilang

Name of Contact Person

Encore Capital Group, Inc.

Firm/Company

3111 Camino del Rio North, Suite 1300

Address

San Diego, CA 92108

City/State and Zip Code

doreen.edquilang@mcmcg.com

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

For further information concerning this matter, please call:

Melissa Resslar

at (858) 309-6007

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

1. The name of the corporation: Asset Acceptance Capital Corp.

2. The principal office address: 28405 VAN DYKE AVE , WARREN, MI 48093

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 04/16/2010 Document number: F10000001819

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)

SERNAS, KAREN

2840 S FALKENBURG RD

RIVERVIEW, FL 33569

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

10 SEP 24 PM 2:35
FLORIDA
DEPARTMENT
OF STATE
TALLAHASSEE
FL 32314

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

Ryan Stanley, 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.

Corporation Service Company

By: 

Signature of Registered Agent

9-24-13

Date

If signing on behalf of an entity:

Sue G. Knight

Assistant Vice President

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 (03/12)