FIC OCCCC 1519

		<u> </u>		
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to				
opecial instructions to	r imig Onicer.			

Office Use Only



600355580426

11/25/20--01012--014 **35.00

S TATE TATE

JAN 12 2220

3798 PA 1: 33

RIPNU

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
	Assat Accontance Capital Corp	
SUBJ Name	ECT: Asset Acceptance Capital Corp. of Corporation	
DOC	UMENT NUMBER: F10000001819	
The er	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
Giova	nna Luevano	
Name	of Contact Person	
Midla	nd Credit Management, Inc.	
Firm/0	Company	
350 C	amino de la Reina, Suite 100	
Addre	SS	·
	iego, CA 92108	
City/S	tate and Zip Code	
	licensing@mcmcg.com	
E-ma	il address: (to be used for future annual rep	ort notification)
For fu	rther information concerning this matter, pleas	e call:
Giova	nna Luevano	at (858) 309-9312
	Name of Contact Person	at (858) 309-9312 Area Code & Daytime Telephone Number
Enclo:	sed is a \$35.00 check made payable to the Dep.	artment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation orga	502, 607,1508, or 617,1508, Florida Statutes, this unized under the laws of the State of Delaware stered agent, or both, in the State of Florida.	s
	•		
1. The name of t	the corporation: Asset Acceptance Capit	al Corp.	
2. The principal	office address: 320 E. Big Beaver, Suite	300. Troy MI 48083	_
2. The mailing :	address (if different): 350 Camino de la l	Reina, Suite 100, San Diego, CA 92108	
3. The mailing address (if different): 350 Camino de la Reina, Suite 100, San Diego, CA 92108 4. Date of incorporation/qualification: 04/16/2010 Document number: F10000001819			
5. The name and		agent and registered office on file with the	
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			7°78†f0v 25
	Midland Credit Management, Inc.		
	13008 Telecom Drive, Suite 350		P : -
	P()	Box NOT acceptable	1: 33
	Tampa, Fl. 33637		ω
The street addr as changed wil	ess of its registered office and the stre I be identical.	et address of the business office of its registered	d agent.
Such change wanthorized by t		ted by its board of directors or by an officer so notified in writing of the change.	
Many takes		Amy Sacks - Assistant Secretary	
Signati	ure of an officer or director	Printed or typed name and title	
I further agree of my duties, a document is be corporation ha	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o ing filed merely to reflect a change in is been notified in writing of this chan	atules relative to the proper and complete perp bligation of my position as registered agent. () the registered office address, I hereby confirm	ormance or, if this that the
Mung Ecopes		10/12/2020	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Amy Sacks			
	Typed or Printed Name		

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