

F10000005061

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
NATIONAL CREDIT CARE CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RAC Change*

11/4/11

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 10/31



November 2, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
NATIONAL CREDIT CARE CORPORATION  
4257 MAIN STREET  
#110  
WESTMINSTER, CO 80031

SUBJECT: NATIONAL CREDIT CARE CORPORATION  
REF: F10000005061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

THERE IS A WHITE STREAK GOING DOWN THE RIGHT SIDE OF EACH PAGE OF THE DOCUMENT. WE ARE UNABLE TO MAKEOUT THE INFORMATION BEING ERASED BY THE WHITE STREAK.

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: H11000260600  
Letter Number: 811A00024965

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 10/31

RECEIVED

11 NOV -2 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NATIONAL CREDIT CARE CORPORATION  
Name of Corporation

DOCUMENT NUMBER: F10000005061

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

[lisa@nationalcreditcare.com](mailto:lisa@nationalcreditcare.com)

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

For further information concerning this matter, please call:

Lisa Pallister

Name of Contact Person

at (864) 595 6313

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

CK213045 (8/05)

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

1. The name of the corporation: NATIONAL CREDIT CARE CORPORATION
2. The principal office address: 4257 Main Street Suite 110, Westminster, CO 80031
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/17/2010 Document number: F10000005061
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)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE/FL/33470

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]

Signature of officer or director

Kyle Kolb 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.

By: [Signature]

Signature of Registered Agent

10/31/2011

Date

If signing on behalf of an entity:

JAMES MARTIN  
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)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

OCT 31 PM 12:15

FILED