

File 1000003792

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
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Email Address: _____

**REGISTERED AGENT CHANGE
CONTINENTAL CREDIT CORPORATION**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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<https://efile.sumbiz.org/scripts/efilcovr.exe>

8/10/12
8/10/2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTINENTAL CREDIT CORPORATION
Name of Corporation

DOCUMENT NUMBER: F11000003792

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:

Lisa Pallister

Name of Contact Person

CONTINENTAL CREDIT CORPORATION

Firm/Company

4257 Main Street #100

Address

Westminster, CO 80031

City/State and Zip Code

Lisa@continentalcreditllc.com

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

For further information concerning this matter, please call:

Name of Contact Person

at ()

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

CR2ED45 (03/12)

FD-006 - 6/27/62 DTIC Release Under GDS

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: CONTINENTAL CREDIT CORPORATION
2. The principal office address: 4257 Main Street #100, Westminster, CO 80031
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/2011 Document number: F11000003792
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)

INCOOP 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 Plantation,
Florida 33324
P.O. Box NOT acceptable

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 an officer or director

Colin Morey 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.

C.T. Corporation System
By: [Signature]
Signature of Registered Agent

8-8-2012
Date

If signing on behalf of an entity:

Asst. 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 (03/12)

FD-004 - 05/16/2012 Update: Kelsey Collins