F15000001723

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(ке	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

CREDIT BUREAU SYSTEMS, INC. OF KENTUCKY SUBJECT:

Name of Corporation

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:

Lloyd Ledet

Name of Contact Person

Credit Bureau Systems, Inc. of Kentucky

Firm/Company

100 Fulton Court

Paducah, KY 42001

City/State and Zip Code

lledet@credit-bureau.com

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

For further information concerning this matter, please call:

Lloyd Ledet

Name of Contact Person

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

•	•	ized under the laws of the State of Kentucky	
in order	r to change its registered office or register	red agent, or both, in the State of Florida.	
1. The name of the	he corporation: Credit Bureau Syst	tems, Inc.	
2. The principal	office address: 100 Fulton Court F	Paducah, KY 42001	
3. The mailing ac	ddress (if different):		_
4. Date of incorp	poration/qualification: 10/25/1977	Document number: F15000001723	
	I street address of the current registered ag tment of State: (If resigned, enter resigned	•	
	Resigned		
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	
-	REGISTERED AGE	ENTS INC.	
	3030 N. Rocky Point Drive	, STE 150A	
	P.O. Box NOT a	acceptable	
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wa authorized by the	s authorized by resolution duly adopted to board, or the corporation has been noti	by its board of directors or by an officer so ified in writing of the change.	
$-\sqrt{2}$	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac	l agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I	
Sign	nature of Registered Agent	February 18, 2016	
If signing on bel	half of an entity:		
Bill Havre	e/Assistant Secretary		
Ту	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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