

FL8000000531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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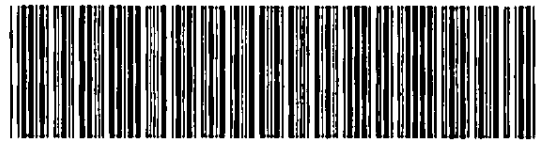
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PURE DEBT SOLUTIONS CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** F1800000531

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:

Cynthia Davies  
Name of Contact Person  
CINDY'S FLORIDA LLC  
Firm/Company  
8051 N. Tamiami Trail Suite E6  
Address  
Sarasota FL 34243  
City/State and Zip Code  
cindy@cindysfloridallc.com

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

For further information concerning this matter, please call:

Cynthia Davies at (727) 300-0042  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

- 1. The name of the corporation: PURE DEBT SOLUTIONS CORPORATION
- 2. The principal office address: 1665 PALM BEACH LAKES BOULEVARD STE 200  
WEST PALM BEACH, FL 33401
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/31/2018 Document number: F1800000531
- 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)

VCORP SERVICES, LLC  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324

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

CINDY'S FLORIDA LLC  
8051 N. Tamiami Trail Suite E6  
 P.O. Box NOT acceptable  
Sarasota FL 34243

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 TALLAHASSEE, FL

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.

Cynthia Davies  
 Signature of an officer or director

Cynthia Davies, Manager  
 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.*

Cynthia Davies  
 Signature of Registered Agent

07/25/2022  
 Date

If signing on behalf of an entity:

Cynthia Davies  
 Typed or Printed Name

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