

F78896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

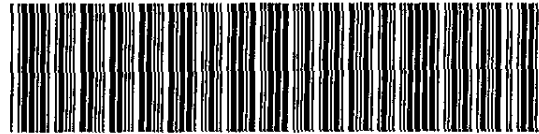
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN OCT 27 2004



October 18, 2004

Florida Division of Corporations
Amendment Department
409 E. Gaines Street
Tallahassee, FL 32399

RE: Change of Address / CCS FINANCIAL SERVICES, LLC. / Doc. No. F78896

To Whom It May Concern,

This letter is to inform you that CCS Financial Services, Inc. (Document # F78896), has changed its corporate Principal and Mailing address. Please make the appropriate changes in your records to reflect the new address. The information is as follows:

OLD ADDRESS:

CCS Financial Services, Inc.
5200 NW 33rd Avenue,
Suite 109
Fort Lauderdale, Florida 33309

NEW ADDRESS:

CCS Financial Services, Inc.
6340 NW 5th Way
Fort Lauderdale, Florida 33309
954-938-3550

Additionally, the following Corporate Officers need to have their address changed to the above **NEW** Address.

1. Paul Hauser, President
2. Marshall Davis, Vice President

(ALL OTHER OFFICERS LISTED REMAIN AT THEIR RESPECTIVE ADDRESSES)

If you have any questions or concerns, please contact our In-House Counsel, Cory Hauser, at 954-938-3550 x-215.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Hauser", followed by a long horizontal line.

Paul Hauser
President
CCS Financial Services, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CCS Financial Services, INC
(Name of corporation)

DOCUMENT NUMBER: F 78896

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:

Cory Hauser
(Name of contact person)

CCS Financial Services
(Firm/Company)

6340 NW 5 Way
(Address)

Ft. Lauderdale, FL 33309
(City/state and zip code)

For further information concerning this matter, please call:

Cory Hauser at (954) 938-3550 x-215
(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
409 E. Gaines Street
Tallahassee, FL 32399

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

1. The name of the corporation: CCS Financial Services, INC.
2. The principal office address: 6340 NW 5 Way
Ft. Lauderdale, FL 33309
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 5/4/1982 Document number: F78896

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Paul P. Hauser
5200 NW 33 Ave, Suite 109
Ft. Lauderdale, FL 33309

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

Paul P. HAUSER
6340 NW 5 way
(P.O. Box NOT acceptable)
Ft Lauderdale, FL 33309

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TALLAHASSEE, FLORIDA

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)

Paul Hauser, 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.

[Signature]
(Signature of Registered Agent)

10/18/04
(Date)

If signing on behalf of an entity:

Paul P. HAUSER, President
(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