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T. HAMPTON

MAY - 4 2009

EXAMINER

C	OVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: American Debt Co LLC (Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Russell Loomis			
(Name of Person)			
American Debt Co LLC	<u> </u>		
(Firm/Company)			
7780 49th Street N #515			
(Address)			
•			
Pinellas Park, FL 33781			
(City/State and Zip Code)			
For further information concerning this matter, p	please call:		
Russell Loomis at	(727) 417-5237		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations		
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	•		
Enclosed is a check for the following a	mount:		
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

 Name of the limited liability company: American D (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) O3/27/2002 Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW 	St. Petersburg, FL 33701 944 4th Street N Suite #800 St. Petersburg, FL 33701 St. Petersburg, FL 33701 L02000007497 4. Document number	09:HAY -1	SECRETAR DIVISION OF
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 03/27/2002 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	St. Petersburg, FL 33701 944 4th Street N Suite #800 St. Petersburg, FL 33701 L02000007497 4. Document number the records of the Florida Dept. of Russell Loomis 8370 55TH WAY	09:HAY -1	
(Note: MAY BE POST OFFICE BOX) 03/27/2002 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	944 4th Street N Suite #800 St. Petersburg. FL 33701 L02000007497 4. Document number the records of the Florida Dept. of Russell Loomis 8370 55TH WAY	09:HAY -1	
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Registered Agent: Registered Office Address:	Russell Loomis 8370 55TH WAY	09:HAY -1	
Registered Office Address:	8370 55TH WAY	09:HAY -1 F	
·		HAY	CRETAR SION OF
(b) Enter name of NEW Registered Agent and/or NEV	Pinellas Park, FL 33781		
(b) Enter name of NEW Registered Agent and/or NEV			
(b) Enter name of NEW Registered Agent and/or NEV		PH	779C
(5) Direct marile of 112 17 Alegister of Algerit and/of 1113	W Registered Office address:		OF STAT
NEW Registered Agent:	Russell Loomis	32	3KO 3KO
NEW Registered Office Address:	944 4th Street N Suite #800		
(MUST BE FLORIDA STREET ADDRESS)	St Petersburg .FL	J 33701	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office a ase of a Florida limited liability co	and the but	isiness it is
· · /			
Russell Loomis (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the similed liability company has been notified.	gree to act in this capacity. I furth oper and complete performance of as registered agent as proyided fo change in the registered office add I in writing of this change.	her agree my dutie or in Cha iress, I he	e to es, and I pter 608 ereby

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00