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EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT: Debt Elimina (Name of Limited)	Liability Company)	LLC	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted fo	r filing.	
Please return all correspondence concerning this mat	tter to the following:		
Francisco Cabrera (Name of Person)			
Debt Elimination of Ame (Firm/Company)	rica LLC		
11350 66 St N Suite	2116	2008 h SEC	an thank
Largo FL 33773 (City/State and Zip Code)		2008 MAR 24 PM SECRETARY OF FALLAHASSEE.F	
For further information concerning this matter, pleas	se call:	PH 2: 02 OF STATE E.FLORIDA	ونسته
Frank Liz at (9) (Name of Person)	17) 674-1898 (Area Code & Daytime Tel	lephone Numbe	r)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	ınt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ору	

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. 1. The name of the limited liability company is: Debt Elimination of 2. The mailing address of the limited liability company is: 11350 05-12-2005

3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)