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(Red	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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2019 JUN 14 PH 6: 11

C. GOLDEN
JUN 2 6 2019

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	The Fair Credit Law Group,	LLC	
	· · · · · · · · · · · · · · · · · · ·	ne of Limite	d Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to	the following:
Robe	ert Friedman		
	Name of Person		
	Firm/Company	 .	
3323	NW 55th St		
	Address		
Ft. La	auderdale, FL 33309		
	City/State and Zip Code		
robei	tf@fblegal.com		
I	E-mail address: (to be used for future an	nual report r	otification)
For fu	rther information concerning this matter	, please call	
Robe	rt Friedman	954 at (732-1063
	Name of Person		Area Code & Daytime Telephone Number
	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	g amount:	
	☑ \$25 Filing Fee		1 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 1 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida.

. Na	me of the limited liability company: The Fair Cr	edit La	w G	Group, L	LC			
(a)			(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				-	dress of limit <u>AAY</u> BE PO	•	
	3323 NW 55th St			3323 N	W 55th s			<u> </u>
	FT. Lauderdale, FL 33309			Ft. Laud	derdale,	FL 3330	9	
	9/5/2007		L	.070000	90700			
	Date of filing/registration in Florida	4,	_		Docume	int number		
(a)	Michael A Schwartz							
• ,	Registered Agent and Registered Office shown on the records 200 S. Park Rd	of the Flor	rida I	Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRI	<u>ESS)</u>		_		2	
	Hollywood	_{FL} 3302	21		_	•	2019 JUN 14	العثرين
(b)	Joel A. Brown						至	; [[; ; , ; ; ,
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	add	ress:	_	•	PH 6: 1	
	NEW Registered Office Address:				_		4	
					_			
	3323 NW 55th St							

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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.