

L07000111561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

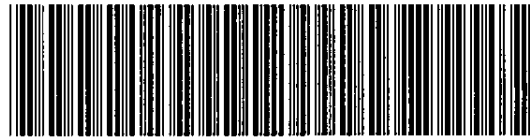
Special Instructions to Filing Officer:

A. LUNT

AUG 18 2011

EXAMINER

Office Use Only



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08/16/11--01016--015 **25.00

2011 AUG 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

August 11, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Consumer Debt Counselor Group, LLC

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above
Captioned Consumer Debt Counselor Group, LLC.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by
our check in the amount of Amount of \$35.00

Please proceed with the filing of the enclosed, returning official receipts and evidence in the
enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSUMER DEBT COUNSELOR GROUP LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Rea

Name of Person

National Registered Agents, Inc.

Firm/Company

11600 College Blvd, Suite 210

Address

Overland Park, KS 66210

City/State and Zip Code

info@nrai.com

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

For further information concerning this matter, please call:

Wendy Rea

Name of Person

at (800)

550-6724

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2011 AUG 16 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: CONSUMER DEBT COUNSELOR GROUP LLC

2. (a) Principal office address of limited liability company: 6751 N. FEDERAL HIGHWAY

(Note: MUST BE STREET ADDRESS)

SUITE 302

BOCA RATON, FL 33431

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

11/02/2007

L07000111561

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NEILL, RYAN M MANAGER

Registered Office Address:

6751 NORTH FEDERAL HIGHWAY #302
BOCA RATON FL 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301

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.

Vanessa Aubrey
Signature of a member or authorized representative of a member

Vanessa Aubrey
Printed or typed name of signee

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.

by:

Wendy D Rea
Signature of Registered Agent

Wendy D Rea, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00