

LD7000127438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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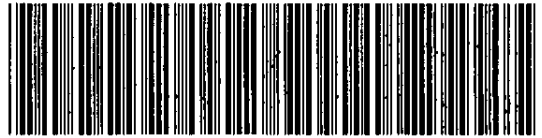
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUL 14 PM 2:57

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Excel Loss Mitigation Services, 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:

MARINA EGDYSZ  
(Name of Person)

Excel Loss Mitigation Services, LLC  
(Firm/Company)

18246 Collins Ave.  
(Address)

Sunny Isles Beach, Fl. 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

EGDYSZ MARINA at ( 786 ) 323-0350  
(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 amount:**

☒ \$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.*

1. Name of the limited liability company: Excel Loss Mitigation Services, LLC +

2. (a) Principal office address of limited liability company: 18246 Collins Ave. +  
(Note: **MUST BE STREET ADDRESS**) Sunny Isles Beach, Fl. 33160 +

(b) Mailing address of limited liability company: 18246 Collins Ave. +  
(Note: **MAY BE POST OFFICE BOX**) Sunny Isles Beach, Fl. 33160 +

12/27/07 L07000127438  
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: BUSINESS FILINGS INCORPORATED

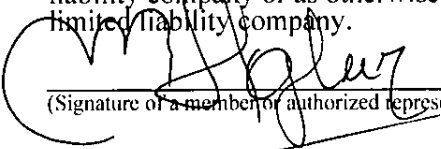
Registered Office Address: 1203 GOVERNORS SQUARE BLVD #101  
TALLAHASSEE FLORIDA 32301 +

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

NEW Registered Agent: MARINA EGDYSZ +

NEW Registered Office Address: 18246 Collins Ave.  
(MUST BE FLORIDA STREET ADDRESS) Sunny Isles Beach FL 33160

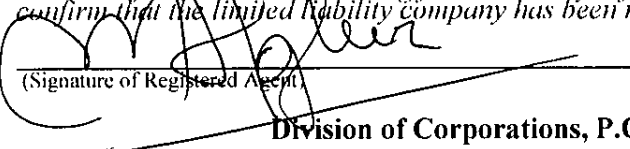
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

MARINA EGDYSZ

(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 688, 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)

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

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DIVISION OF CORPORATIONS  
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