## L09000048334

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies _:	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

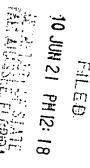
Office Use Only



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06/21/10--01038--008 \*\*25.00



S. HAWKES
JUN 2 2 2010
EXAMINER

## **COVER LETTER**

Division	of Corporations				
SUBJECT:	Serer	nity De	ebt So	lutions	s, LLC
	Name of				
Dear Sir or Mada	am:				
The enclosed Re	gistered Agent/Registered (	Office (	Change	and fee	(s) are submitted for filing.
Please return all	correspondence concerning	g this ma	atter to	the follo	owing:
	lan A. Adams		<del></del> ,	_	
	Name of Person				
Se	renity Debt Solutions, LL	.c			
	Firm/Company			<del>."-"</del>	
	1773 Barnstable Rd.				
	Address			_	
	Mallington El 20444				
	Wellington, FL 33414 City/State and Zip Code			_	
iadam	se@serenitydehtsolutions	e com			
E-mail address:	s@serenitydebtsolutions (to be used for future annual report	notificatio	n)	<del></del>	
For further infor	mation concerning this mat	ter, plea	ase call	•	
le	an A. Adams		561	,	228-8817
	ame of Person	at (		Area Code	& Daytime Telephone Number
C <b>TD</b> Firm	/COURIER ADDRESS:		N.E.A	H INC	A DODECC.
	on Section	MAILING ADDRESS: Registration Section			
	of Corporations	Division of Corporations			
Clifton B		P.O. Box 6327			
	cutive Center Circle				Florida 32314
	ee, Florida 32301				
Enclosed	l is a check for the followi	ng amo	unt:		
<b>2</b> \$25 Fi	ling Fee		<u></u> \$5	5 Filing	Fee & Certified Copy

TO: Registration Section

## STÂTEMENT 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.

agent, or both, in the state of rioriaa.				
1. Name of the limited liability company:	Serenity Debt Solutions, LLC			
2. (a) Principal office address of limited liability comp	eany: 801 Northpoint Pkwy. Ste. 8			
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33407			
(b) Mailing address of limited liability company:	801 Northpoint Pkwy. Ste 8			
(Note: MAY BE POST OFFICE BOX)	West Palm Beach, FL 33407			
5/18/2009	L09000048334			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown Registered Agent:	on the records of the Florida Dept. of State:			
Registered Office Address:	1773 Barnstable Rd			
Registered Office Address.	Wellington, FL 33414			
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	801 Northpoint Pkwy, Ste. 8			
	West Palm Beach ,FL33407			
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office			
lan A. Adams Printed or typed name of signee				
I hereby accept the appointment as registered agent and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this accument is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			
Organization of Instruction (Instruction)				

**FILING FEE: \$25.00**