

2090000809/8

(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**

MAY - 2 2010

**EXAMINER**

Office Use Only



800178262258

04/29/10--01029--022 \*\*25.00

**FILED**  
**2010 APR 29 AM 11:19**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEBT PURCHASE, 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:

NORMAN A. FLEISHER, ESQ.

Name of Person

GUTTER CHAVES JOSEPH RUBIN FORMAN FLEISHER P.A.

Firm/Company

BOCA CORPORATE CENTER, SUITE 107

2101 CORPORATE BOULEVARD

Address

BOCA RATON, FLORIDA 33431

City/State and Zip Code

nfleisher@floridatax.com

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

For further information concerning this matter, please call:

NORMAN A. FLEISHER, ESQ.

Name of Person

at ( 561 )

998-7847

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**  
2008 APR 29 AM 11:19  
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: DEBT PURCHASE, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

201 SOUTH BISCAYNE BLVD.  
34th FLOOR, MIAMI CENTER  
MIAMI, FLORIDA 33131



(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

201 SOUTH BISCAYNE BLVD.  
34th FLOOR, MIAMI CENTER  
MIAMI, FLORIDA 33131  
L09000080918

AUGUST 21, 2009

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:

CORPCO, INC.

Registered Office Address:

2699 S. BAYSHORE DRIVE  
7th FLOOR  
MIAMI, FLORIDA 33133

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

**NEW Registered Agent:**

M & W AGENTS, INC.

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

Boca Corporate Center, Suite 107  
2101 Corporate Boulevard  
Boca Raton, FL 33431

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.

Albert C. Bellas, Trustee  
Signature of a member or authorized representative of a member

MAHOGANY TRUST BY ALBERT C. BELLAS, TRUSTEE  
Printed or typed name of signer

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]  
Signature of Registered Agent

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