L09000082834

(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	
(Ad	ldress)	·
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

Division of Corporations			
SUBJECT: First American Debt Solutions, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing		
	•		
Please return all correspondence concerning this matter to t	he following:		
Marc D. Felice Name of Person			
First American Debt Solutions, LCC	₹ .		
Po Box 970037 Address	-		
Coconut Creek, FL 33097 City/State and Zip Code	• •		
mfelice P first American Debt. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Marc D. Felice at (954) 531-0294		
	rea Code & Daytime Telephone Number		
	LING ADDRESS: stration Section		
	sion of Corporations		
Clifton Building P.O.	Box 6327		
2661 Executive Center Circle Talla Tallahassee, Florida 32301	hassee, 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:First	American Debt solutions, uc
2. (a) Principal office address of limited liability compan	y: <u>6303 NW 71 Ave</u>
(Note: MUST BE STREET ADDRESS)	Tamarac, FL 33321
(b) Mailing address of limited liability company:	Po Box 970037
(Note: MAY BE POST OFFICE BOX)	Coconut Creek FL 33097
8/27/2010	L09000082834
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:	MJJ Holdings LC
Registered Office Address:	3275 W. Hill born BIVD suite Jo7 Deer Field Beach FL 33442
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: WREgistered Office address: WREGISTERED TO THE T
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	loride street address of the reflictered office
Signature of a member or authorized representative of a member Marc D. Felice Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	
Signature of Registered Agent	,

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