

L09000092676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

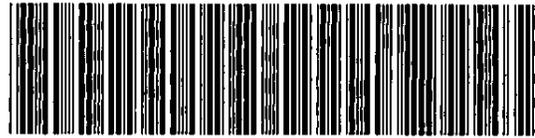
(Business Entity Name)

(Document Number)

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S. HAWKES  
NOV 17 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Extreme Debt Solutions, 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:

Ms. Cheryl L. Jones  
Name of Person

Extreme Debt Solutions, LLC  
Firm/Company

200 Knuth Road, Suite 214C  
Address

Boynton Beach, FL 33436  
City/State and Zip Code

seejzoom@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Jones at ( 561 ) 732-8002  
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: Extreme Debt Solutions, Inc.

2. (a) Principal office address of limited liability company: 200 Knuth Road, Suite 214C

(Note: MUST BE STREET ADDRESS)

Boynton Beach, FL 33436

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

(Note: MAY BE POST OFFICE BOX)

200 Kuth Road, Suite 214C

Boynton Beach, FL 33436

9/25/09

3. Date of filing/registration in Florida

L09000092676

4. Document number

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

Registered Agent:

LIMITED SERIES CARD COMPANY BY CHERYL-LEE

Registered Office Address:

7372 COPPERFIELD CIRCLE  
LAKE WORTH, FL FL US

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

NEW Registered Agent:

Cheryl L. Jones

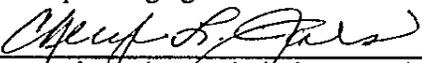
NEW Registered Office Address:

200 Knuth Road, Suite 214C

(MUST BE FLORIDA STREET ADDRESS)

Boynton Beach, FL 33436

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 of authorized representative of a member

Cheryl L. Jones

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 of Registered Agent

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

FILING FEE: \$25.00