

L090000107448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

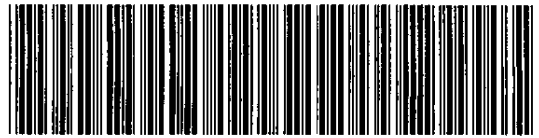
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[Signature]

**Malave, Erin M.**

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**From:** jeff@newdawndeptsolutions.com  
**Sent:** Monday, January 04, 2010 12:09 PM  
**To:** CorpAddressChange  
**Cc:** brownm1@doacs.state.fl.us  
**Subject:** Address change for New Dawn Debt Solutions, LLC File #L09000107448

To Whom it may concern:

Please change the principal address office to 4205 W. Atlantic Ave, Suite 301, Delray Beach, FL 33445. and change the mailing address and address for both Manager/Member to : 605 High Point Blvd, Ste D, Delray Beach, FL 33445. Thank you.

Best regards,

Jeffrey L. Earnhardt  
336-554-5115