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b.
(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Platinum Credit, L	LC	y Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for	r filing.		
Please return all correspondence concerning the	is matter to th	ne following:			
John Landry Name of Person	·				
Platinum Credit, LLC					
1301 S. Howard C10					
Address		•	SE	2013	
Tampa, FL 33606			AHA	O I AVF 8102	
City/State and Zip Code		•	SSEE		
ryanwood02@gmail.com			FLO FLO	/\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!	T
E-mail address: (to be used for future annual report noti For further information concerning this matter,	•		RIDA	: 28	³
Ryan Wood	_{at (} 248	396-7040			
Name of Person	Α	rea Code & Daytime Telephone N	lumber		
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. N	ame of the limited liability company: Platinum Credit.	ПС	
2. (a	Principal office address of limited liability com (<i>Note: MUST BE STREET ADDRESS</i>)	pany: 4819 S. Westshore Blvd Tampa, FL 33611	
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4819 S. Westshore Blvd Tampa, FL 33611	
10/26/	2011	L11000122492	
3. D	ate of filing/registration in Florida	4. Document number	
5. (8	a) Registered Agent and Registered Office shown	n on the records of the Flori	da Dept. of State:
	Registered Agent:	Ryan Wood	7 20
	Registered Office Address:	4662 Bay Crest Dr	5 2 m
	Registered Office Address.	Tampa, FL 33615	
(b	o) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office a	MC ==
	NEW Registered Agent: NEW Registered Office Address:	4819 S. Westshore Blvd	<u> </u>
(MUST BE FLORIDA STREET ADDRESS)			
		Tampa	,FL <u>33611</u>
confi and t liabil the n the o	e limited liability company is not organized under irmed that after the change or changes are made, the business office of the registered agent will be lity company, it is hereby confirmed that the channembers of the limited liability company or as othe perating agreement of the limited liability company or as other of a member or authorized representative of a member	the Florida street address of identical. Or, in the case of ge(s) was/were authorized berwise provided in the artic	the registered office a Florida limited ov an affirmative vote of
John L Printe	andry ed or typed name of signee		
I hei comp and Chap addr	reby accept the appointment as registered agent of the provisions of all statutes relative to the lam familiar with and accept the obligations of noter 608, F.S. Or, if this document is being filed the sess, I hereby confirm that the limited liability con	and agree to act in this capo he proper and complete per ny position as registered ag to merely reflect a change in npany has been notified in v	icity. I further agree to formance of my duties, ent as provided for in i the registered office vriting of this change.

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

Signature of Registered Agent