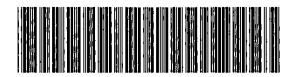
M020000 1045

(Red	questor's Name)	18 11			
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200293036982

12/22/16--01018--011 **25.00

SECRETARY OF STATE

S Warren

DEC 23 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: FLORIDA REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 21, 2016

Order#: 430469-029

Re: DEBT RECOVERY SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: _DEBT RECOVER	RY SOL	UTIONS, L	_C		
2	(2)	900 Merchants Concourse, Suite L-//	(b)				
۷.	(a)	Principal office address of limited liability company:	. (0)	N	ailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		Westbury, NY 11590	-				
		04/19/2002	_	M0200000			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	LexisNexis Document Solutions Inc.					
٥,	(4)	Registered Agent and Registered Office shown on the records of the	e Florida l	Dept, of State:			
		1201 Hays Street			7AR 22		
		Tallahassee , FL_	32301		Ta D H		
					2: 54 STATE LORID		
	(b)	Corporation Service Company			REF 2		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress:			
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee , FL	32301				
If the	the li	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the	of the S he regist	State of Flo tered office	rida, it is hereby confirmed that after and the business office of the registered		
ag	ent v	vill be identical. Or, in the case of a Florida limited liab	ility cor	mpany, it is	hereby confirmed that the change(s)		
Wa the	ts/W6 ≥ arti	ere anthorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	the limi mited li	ted hability ability com	company or as otherwise provided in		
un	<i>,</i> 41 (1	Construction of the operating agreement of the n			101		
_	Signa	he of a miniter or authorized representative of a member		<u> </u>	Printed or typed name of signee		
1	bara	by accent the appointment as registered agent and agree	e to act	in this capa	city. I further agree to comply with the		
pro the to	ovisi 2 obl mere	ons of all statutes relative to the proper and complete proper and complete proper and complete programs of my position as registered agent as provided ely reflect a change in the registered office address, I he d'in writing of this change.	erforma for in C creby co	ince of my a hapter 605, nfirm that t	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
		Si Const					
Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President							

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