

5/28/2020

Division of Corporations

H20000159706 3

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M0900000739

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
 Account Number : 12000000195  
 Phone : (850)521-0821  
 Fax Number : (850)558-1515

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**LLC REGISTERED AGENT CHANGE  
 DYNAMIC RECOVERY SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DYNAMIC RECOVERY 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:

Vickie Rochester

Name of Person

Dynamic Recovery Solutions LLC

Firm/Company

135 INTERSTATE BLVD., SUITE 6

Address

GREENVILLE, SC 29615

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vickie Rochester at ( 864 ) 371-6467  
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

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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. Name of the limited liability company: DYNAMIC RECOVERY SOLUTIONS LLC

2. (a) 135 INTERSTATE BLVD., SUITE 6 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GREENVILLE, SC 29615 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. 02/23/2009 Date of filing/registration in Florida 4. M09000000759 Document number

5. (a) NRAI SERVICES, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address: Tallahassee, FL 32301

2020 MAY 28 AM 11:28

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 or authorized representative of a member Eric C Bergleson, CEO Printed or typed name of signee

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 605, 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 Corporation Service Company BY: Amanda Robinson, Asst. Vice President

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