

M110000006326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

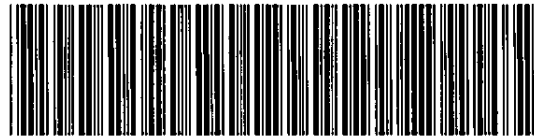
(Business Entity Name)

(Document Number)

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SECTION OF CORPORATIONS

FILED

2013 SEP 24 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2013

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 819284 7247887

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 24, 2013

ORDER TIME : 10:39 AM

ORDER NO. : 819284-025

CUSTOMER NO: 7247887

CHANGE OF AGENT

NAME: LEGAL RECOVERY SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEGAL 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:

Doreen Edquilang

Name of Person

Encore Capital Group, Inc.

Firm/Company

3111 Camino Del Rio North, Suite 1300

Address

San Diego, CA 92108

City/State and Zip Code

doreen.edquilang@mcmcg.com

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

For further information concerning this matter, please call:

Melissa Ressler

Name of Person

at ( 858 )

309-6007

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: LEGAL RECOVERY SOLUTIONS, LLC
2. (a) Principal office address of limited liability company: 28405 Van Dyke Ave  
(Note: **MUST BE STREET ADDRESS**) Warren, Michigan 48093
- (b) Mailing address of limited liability company: same as above  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 12/16/2011
4. Document number: M11000006326

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

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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]  
Signature of a member or authorized representative of a member

Ryan Stanley, Vice President and General Manager

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 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.*

By: [Signature]  
Signature of Registered Agent

Sue G. Knight  
Corporation Service Company Assistant Vice President

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

FILING FEE: \$25.00