

MI3 000003898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/23/21

Office Use Only



100354794181 ✓

11/12/20--01007--021 \*\*25.00

FILED

2021 JUN 23 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
Foreign  
Amended

AUG 21 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2020

MATT ENGLETT  
ATTORNEY CREDIT SERVICES  
1105 W. YALE ST.  
ORLANDO, FL 32804

SUBJECT: ATTORNEY CREDIT SERVICES, LLC  
Ref. Number: M13000003898

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

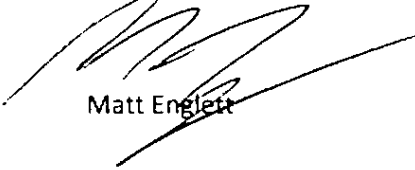
Letter Number: 220A00025612

**ATTORNEY**  
CREDIT SERVICES

TO WHOM IT MAY CONCERN:

The attached application to change the registered agent and manager to my Delaware company was sent back to me. Susan Tallent sent back on 12-17-20. Susan included a letter stating I used the wrong form. I have attached the correct form filled out in its entirety. The payment on made on my first submission was kept by your office so I did not include any additional money. If you need anything else, please contact me at 407-923-0605 or [menglett@lawyerap.com](mailto:menglett@lawyerap.com).

Sincerely,



Matt Englett

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Attorney Credit Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Englett  
Name of Person

Attorney Credit Services  
Firm/Company

1209 Edgewater drive, suite 203B  
Address

Orlando, FL 32804  
City/State and Zip Code

menglett@attorneycredit.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
JUN 23 2021

For further information concerning this matter, please call:

Matt Englett at ( 407 ) 923-0605  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Attorney Credit Services, LLC

Enter new principal office address, if applicable:

1709 Edgewater Dr., suite 203B  
Orlando, FL 32804

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2021 JUN 23 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is:

M13000003888

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

6/19/2013

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Math Engle

New Registered Office Address:

1709 Edgewater Dr., suite 203B

*Enter Florida Street Address*

Orlando

*City*

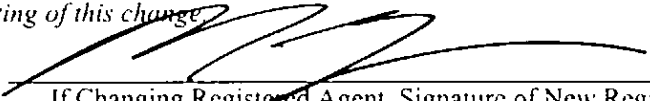
Florida

32804

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

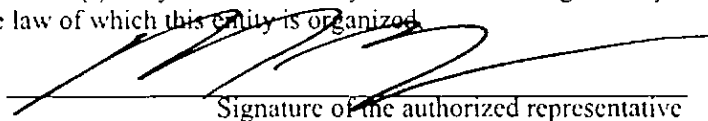
  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shelley Hosue	1209 Edgewater drive, #203	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
MGRM	Matt Engled	1209 Edgewater drive, #203	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Matt Engled  
Typed or printed name of signee

Filing Fee: \$25.00