

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000134066 3)))



H160001340663ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

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

LLC REGISTERED AGENT CHANGE  
CREDIT CLINIC, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN - 1 A 10:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 02 2016

WARREN  
MASON

**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: CREDIT CLINIC, LLC
  
2. (a) 16 NE 4TH STREET, STE 110-B  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
FORT LAUDERDALE, FL 33301
- (b) 16 NE 4TH STREET, STE 110-B  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
FORT LAUDERDALE, FL 33301
  
3. 3/18/2016  
Date of filing/registration in Florida
4. M16000002319  
Document number
  
5. (a) DOUGLAS BURNS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
16 NE 4TH STREET, STE 110-B  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
FORT LAUDERDALE, FL 33301
- (b) ROBBY H. BIRNBAUM  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
100 W. CYPRESS CREEK ROAD, STE 700  
NEW Registered Office Address:  
FORT LAUDERDALE, FL 33309

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

D Paul Burns  
Printed or typed name of signer

*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]  
Signature of Registered Agent

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

**FILED**  
2016 JUN - 1 A 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA