## N0100000353i

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700036245367

06/04/04--01007--005 \*\*35.00

O4 JUN -3 PM 2: 18
SECRETARY OF STATE

PAIRO Chs 6/3/04

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

- · · · · · · · · · · · · · · · · · · ·	0502, 607.1508, or 617.1508, Florida Statutes, this statement of
change is submitted for a corporation organized under to change its registered office or registered agent, or b	•
1. The name of the corporation: ASSURED C	REDIT COCENSELING INC
2. The principal office address: 3773 NW (	126 AVE SWIE #3, CORAL SPRINGS,
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5-21-0	Document number: NO1000003530
5. The name and street address of the current registere Florida Department of State:	d agent and registered office on file with the
	· · · · · · · · · · · · · · · · · · ·
	SECRET JU
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office
ROBERT SPIEWAR	Fes ?
COLLNW 1/0 AXE (P.O. Box or perso	10 m
CORAL 3PRINGS F	
The street address of its registered office and the str changed will be identical.	eet address of the business office of its registered agent, as
Such change was authorized by resolution duly ado the board, or the corporation has been notified in wi	pted by its board of directors or by an officer so authorized by riting of the change.
(Signature of an officer of director)	ITOBERT SPIEWAX DIRECTOR
I have be gonest the appointment as wedgetored again	
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*