

NOI0000004540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

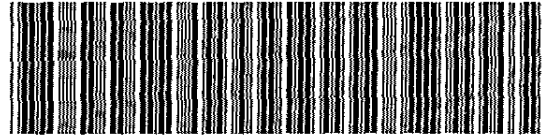
(Business Entity Name)

(Document Number)

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RO/Change  
10 7.26.04

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Consumer Debt Management Services, Inc.  
(Name of corporation)

DOCUMENT NUMBER: N01000004540

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven S. Stark, Esq.  
(Name of contact person)

A New Horizon Credit Counseling Services  
(Firm/Company)

Financial SOLUTIONS Tower  
2950 W. Cypress Creek Rd., Suite 300  
(Address)

Ft. Lauderdale, FL 33309  
(City/state and zip code)

For further information concerning this matter, please call:

Steven S. Stark at ( 954 ) 545-6160  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Consumer Debt Management Services, Inc.
2. The principal office address: 2950 W. Cypress Creek Rd., Suite 300  
Et. Lauderdale, FL 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/27/2001 Document number: N01000004540
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephen D. Marcus  
500 Fairway Drive, Ste. 208  
Deerfield Beach, FL 33441

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen D. Marcus  
Financial Solutions Tower  
(P.O. Box NOT acceptable)  
2950 W. Cypress Creek Rd., Ste. 300  
Et. Lauderdale, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Stephen D. Marcus  
(Signature of an officer or director)

Stephen D. Marcus, President  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Stephen D. Marcus  
(Signature of Registered Agent)

07/13/04  
(Date)

If signing on behalf of an entity:

Stephen D. Marcus  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314