

NDI 0000004540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

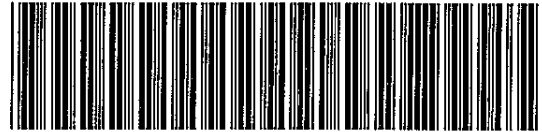
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TALLAHASSEE, FLORIDA

**TRANSMITTAL 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  
(Name of person)

A NEW HORIZON CREDIT COUNSELING SERVICES, INC.  
(Name of firm/company)

500 FAIRWAY DRIVE, SUITE 108  
(Address)

DEERFIELD BEACH, FL 33441  
(City/state and zip code)

For further information concerning this matter, please call:

STEVEN S. STARK at ( 954 ) 420-0402  
(Name of 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

**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: 500 FAIRWAY DRIVE, SUITE 108, DEERFIELD BEACH, FL 33441
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 6/21/2001 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:

MARC CARPINIELLO  
3275 W. HILLSBORO BLVD, STE 206  
DEERFIELD BEACH, FL 33442

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

STEPHEN D. MARCUS  
500 FAIRWAY DRIVE, SUITE 108  
(P.O. Box or personal mailbox NOT acceptable)  
DEERFIELD BEACH, FL 33441

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 DEPARTMENT OF STATE

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      STEPHEN D. MARCUS, PRESIDENT  
(Signature of an officer, chairman or vice chairman of the board)      (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      08/13/03  
(Signature of Registered Agent)      (Date)

If signing on behalf of an entity:  
STEPHEN D. MARCUS      PPRESIDENT  
(Typed or Printed Name)      (Capacity)

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