

N 020000 02503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

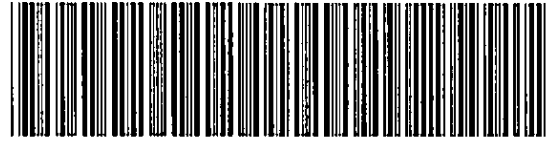
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900306395629

12/12/17--01022--015 **35.00

S TALLENT
JAN 09 2018

FILED
18 JAN -9 PM 4:36
CLERK OF DISTRICT COURT
HARRIS COUNTY TEXAS

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

MARIA MENENDEZ
GOLDEN STATE DEBT MANAGEMENT
23868 HAWTHORNE BLVD #201
TORRANCE, CA 90505

SUBJECT: GOLDEN STATE DEBT MANAGEMENT CORP.
Ref. Number: N02000002503

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE FILL OUT #2. AND #3., THE REQUIRED ADDRESSES.

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: 217A00025174

RECEIVED
18 JAN -9 PM 2:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golden State Debt Management

Name of Corporation

DOCUMENT NUMBER: N02000002503

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:

Maria Menendez

Name of Contact Person

Golden State Debt Management

Firm/Company

23868 Hawthorne Blvd #201

Address

Torrance, CA. 90505

City/State and Zip Code

mariam@goldendebt.org ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Menendez

Name of Contact Person

at (626) 221-7000

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Alaska Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Golden State Debt Management Corp.
2. The principal office address: 23868 Hawthorne Blvd #201
Torrance, CA 90505
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 04/05/2002 Document number: N02000002503
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

C/O Ct Corporation System · 1200 South Pine Island Road

Plantation, FL 33324

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

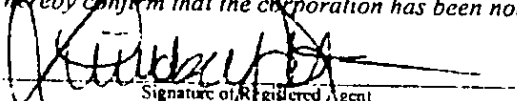
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓ 
Signature of an officer or director

Maria Menendez, 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.


Signature of Registered Agent

December 5, 2017

Date

If signing on behalf of an entity:

Lindsey Dane on behalf of InCorp Services, Inc.

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
CR2E045 (03/12)

FILED
18 JAN -9 PM 4:36
TALLAHASSEE, FLORIDA
RECEIVED