

NO2000005623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

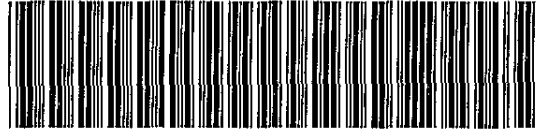
(Document Number)

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TALLAHASSEE, FLORIDA

12/5/05  
AT/KD

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Credit Counseling Inc

(Name of Corporation)

**DOCUMENT NUMBER:** N02000005623

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:

David Hollander

(Name of Contact Person)

American Debt Counseling

(Firm/Company)

10766 Wiles Rd.

(Address)

Coral Springs, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

David Hollander

(Name of Contact Person)

at ( 954 ) 656-8080 ext 2102

(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Credit Counseling, Inc.
2. The principal office address: 10774 Wiles Rd. Coral Springs FL33305
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 23 of 2002 Document number: N02000005623

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sheila Ciarlariello

248 NW 119th Avenue

Coral Springs FL 33071

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

Alan Silverberg

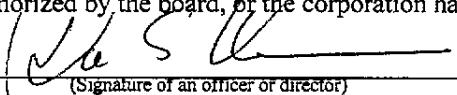
12323 St. Simone Dr.

(P.O. Box NOT acceptable)

Boca Raton FL 33428

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

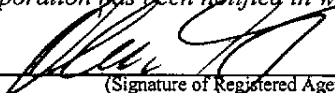
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

David Hollander

(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)

12-01-05

(Date)

If signing on behalf of an entity:

American Debt Counseling

(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 (8/05)

**FILED**  
05 DEC -5 PM 2:03  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE