

NO 2000007978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

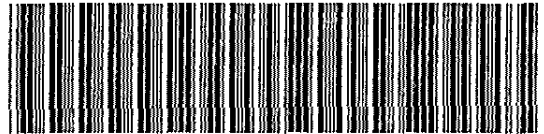
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

11/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

Fidelity Credit Counseling

DOCUMENT NUMBER:

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Schwartz

(Name of Contact Person)

Fidelity Credit Counseling

(Firm/ Company)

2758 West Atlantic Blvd. Suite 30

(Address)

Pompano Beach, FL 33069

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Cory Schwartz

(Name of Contact Person)

at (954) 935-9521 x 221

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32302



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 17, 2004

FIDELITY CREDIT COUNSELING, INC.
% COREY SCHWARTZ
2758 WEST ATLANTIC BLVD., STE 30
POMPANO BEACH, FL 33069

SUBJECT: FIDELITY CREDIT COUNSELING, INC.
Ref. Number: N02000007978

We have received your document for FIDELITY CREDIT COUNSELING, INC. 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete line 5 and line 6 on the form. The current and the new names of the registered agents must be completed.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 404A00065378

04 NOV 23 AM 8:25

RECEIVED

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 8, 2004

FIDELITY CREDIT COUNSELING
% COREY SCHWARTZ
2758 W. ATLANTIC BLVD., STE 30
POMPANO BEACH, FL 33069

SUBJECT: FIDELITY CREDIT COUNSELING, INC.
Ref. Number: N02000007978

We have received your document for FIDELITY CREDIT COUNSELING, INC. 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):

The registered agent must sign accepting the designation.

Please complete the register agent form completely.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 804A00063757

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04 NOV 15 AM 10:52

DIVISION OF CORPORATIONS

**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: Fidelity Credit Counseling, INC.
2. The principal office address: 2758 W. Atlantic Blvd #30
Pompano Beach FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/17/02 Document number: NO 200000 7978
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Jason F. Morcello
2705 NE 32nd Ave.
Ft. Lauderdale FL 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corey Schwartz
2758 W. Atlantic Blvd #30
Pompano Beach, FL 33069
(P.O. Box NOT acceptable)

04 NOV 23 PM 3:14
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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.

Jason F. Morcello
(Signature of an officer or director)

JASON F. Morcello
(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]
(Signature of Registered Agent)

11/12/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)