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SECRETARY OF STATE
TALLAHASSEE FLORID

Append Mr S. Jami



COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: IPAYDEBT FINANCIAL SERVICES, INC. (Name of Corporation)					
DOCUMENT NUMBER: N03000001384					
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:					
(Name of Contact Person)					
Wallis & Wallis, P.A. (Firm/Company)					
1600 S. Federal Hwy., Suite 600 (Address)					
(Address)					
Pompano Beach, Florida 33062 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Joan Martino Wallis, Esq. at (954) 941-9005 (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 Amendment Section					

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	ed under the laws of the State of _	Florida
1. The name of	the corporation: IPAYDEBT FINANCIA	L SERVICES, INC.	
2. The principal	office address: 7860 NW 71 St., #304,	Miami, Florida 33166	
3. The mailing a	address (if different):	-	
4. Date of incor	poration/qualification: 02/14/03	Document number: N0300	0001384
	d street address of the current registered age rtment of State:	ent and registered office on file wi	ith the
	Martino Wallis, Joan	Wallis & Wallis, P.A.	_
	2641 E. Atlantic Blvd., Suite	307	SEC SEC
	Pompano Beach, Florida 330	062	一般 1
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered of	ED ESSEEF
	Wallis & Wallis, P.A.		D M 11: 59 OF STATE FLORIDA
	1600 S. Federal Hwy., Suite	600	- 0A
	(P.O. Box NOT acceptable) Pompano Beach, Florida 33	IN62	
The street address changed will	ess of its registered office and the street at be identical.		ts registered agent,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors or by ar fied in writing of the change.	officer so
Signati	ure of an ospect or director)	Joseph F. Berrere	President/CEO
l furtNer agree of my duties, an document is bei	t the appointment as registered agent and to comply with the provisions of all statut nd I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	tes relative to the proper and con gation of my position as registere registered office address, I here	nplete performance ed agent. Or, if this by confirm that the
Man (Si	gnatus of Registered Agent)	7/11/06	
, If signing on be	chalf of an entity:	•	
Joan Martin	no Wallis		
(*	Typed or Printed Name)		

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

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