

N 15000006479

(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



500311430635

04/03/18--01018--027 **35.00

FILED
2010 APR -3 PM12:34
TALLAHASSEE, FLORIDA

C. GOLDEN

APR - 4 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Recovery Service Corporation
Name of Corporation

N15000006479
DOCUMENT NUMBER:

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:

Nicole Lynn
Name of Contact Person
Recovery Service Corporation
Firm/Company
777 Brickell Avenue, Suite 500-9556
Address
Miami, FL 33131
City/State and Zip Code
nicole@recoveryservicecorp.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Lynn 305 832-1055
Name of Contact Person at () 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Recovery Service Corporation
2. The principal office address: 777 Brickell Avenue, Suite 500-9556, Miami, Florida 33131
3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 6-23-15 Document number: N15000006479

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)

Reginald G. Stambaugh, P.A. (resigned)

224 Datura Street, Suite 1001

West Palm Beach, FL 33401-5638

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

Corporation Service Company

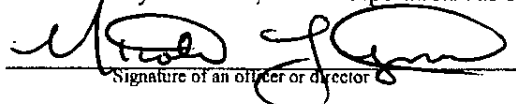
1201 Hays Street

Tallahassee, FL 32301

P.O. Box NOT acceptable

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

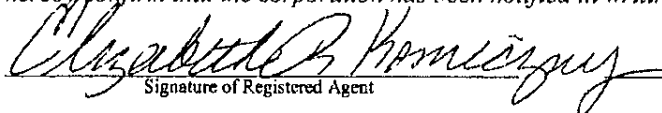
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Nicole Lynn

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

3-22-18
Date

If signing on behalf of an entity:

Elizabeth R Konieczny

Typed or Printed Name

Corporation Service Company

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