## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

## REGISTERED AGENT CHANGE DEBT NPO, INC.

Certificate of Status	0
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GCT 8 8 2023

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To: 18506176383

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

statement of cha	he provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Stat hange is submitted for a corporation organized under the laws of the State of <mark>Flori</mark> der to change its registered office or registered agent, or both, in the State of Flori	da
E. The name of t	of the corporation: Debt NPO, INC.	
	pal office address:	
3. The mailing a	g address (if different):	
	orporation/qualification: 03/30/22 Document number: N2200000386	
	and street address of the current registered agent and registered office on file with t partment of State: (If resigned, enter resigned)	1023 OCT 27
	MARLEY, WILLIAM R	
	401 W ATLANTIC AVE UNIT R 10 - #246	127 - E
	DELRAY BEACH, FL 33444	유 <b>모</b> D
6. The name and (if changed):	and street address of the new registered agent (if changed) and/or registered office	PN 4: 00
	Northwest Registered Agent LLC	
	7901 4th St N STE 300	
	P.O. Box. NOT acceptable	
	St. Petersburg FL 33702	
The street addre	dress of its registered office and the street address of the business office of its reall be identical.	gistered agent,
<del>-</del>	was authorized by resolution duly adopted by its board of directors or by an officithe board, or the corporation has been notified in writing of the change.	
William Signatur	William R Martey  William R Martey  Printed or typed name and title	·
l further agrée t of my duties, an document is bei	pt the appointment as registered agent and agree to act in this capacity, see to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered accept filed merely to reflect a change in the registered office address. I hereby coas been notified in writing of this change.	te performance yent. Or, if this onfirm that the
7- N-	10/27/2023	
Sig	Signature of Registered Agent Date	
If signing on be	behalf of an entity:	
Taylor Newman	_ <del></del>	
13	Typed or Printed Name	

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