N46846

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10P1



ACCOUNT NO. : I2000000195

REFERENCE: 841676 7840908

AUTHORIZATION C

COST LIMIT

ORDER DATE : July 11, 2011

ORDER TIME : 9:13 AM

ORDER NO. : 841676-001

CUSTOMER NO: 7840908

CHANGE OF AGENT

NAME: CONSUMER CREDIT MANAGEMENT

SERVICES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940.

EXAMINER:

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

statement of char	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
 The name of the The principal of 	the corporation: CONSUMER CRED office address: 315 NE 2nd Avenue, I	IT MANAGEMENT SERVICES INC. Delray Beach, FL 33444	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 01/15/1992	Document number: N46846	
5. The name and Florida Depart		gent and registered office on file with the	
	Gaitan, Maria A		
	8501 Elaine Drive		
	Delray Beach, FL 33444	nt (if changed) and /or registered of the	
6. The name and street address of the new registered agent (if changed) and /or registered of the control of th			
	Corporation Service Company	FLERE 2	
	1201 Hays Street	5m 0	
	(P.O. Box NOT acceptable		
	Tallahassee, FL 32301		
		address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
Maya	le of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change on Scrvicc Company	utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
		07/13/2011	
Sign (Sign	nature of Registered Agent)	(Date)	
If signing on beh	nalf of an entity:		
Sylvia Queppe	<u> </u>		
(Typed or Printed Name)			

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