P01000107086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/12--01026--031 **35.00

Amend

4-17-12

FILED
2012 APR 16 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Your Collection Solution

5400 South University Drive, Suite 116, Davie, Florida 33328
Phone (954)577-7700 – Fax (954)424-0500

SENT VIA FAX (850) 245-6897

Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

April 5, 2012

RE: Your Collection Solution, Inc. - OFFICE MOVE
DOCUMENT NUMBER: P01000107086
FEI NUMBER: 65-1151611

To Whom It May Concern:

We moved our office and need to change our address **post the annual report.** Please note that our telephone numbers will not change.

Please update the address for the Principal Address and Mailing Address to reflect our new address which is:

University Office Park
5400 South University Drive
Suite 116
Davie, Florida 33328

Thank you for your prompt attention to this matter. If you have any questions please do not hesitate to call our office. Thank you again for your assistance and help.

Regards,

Jeffrey Rosner, President
Your Collection Solution

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Your Collection Solution, Inc.

DOCUMENT NUMBER: P01000107086

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

Please return all correspondence concerning this matter to the following:

Jeffrey Rosner
Name of Contact Person

Your Collection Solution, Inc.
Firm/ Company

University Office Park, 5400 South University Drive, Suite 116
Address

Davie, Florida 33328
City/ State and Zip Code

Jeffrey@ycscollects.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Rosner at (954) 577-7700
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ■ $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 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Your Collection Solution, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000107086

(Document Number of Corporation (if known)

FILED
2012 APR 16 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

University Office Park,
5400 South University Drive, Suite 116
Davie, Florida 33328

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

University Office Park
5400 South University Drive, Suite 116
Davie, Florida 33328

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Same

University Office Park, 5400 South University Drive, Suite 116, Davie, Florida 33328
(Florida street address)

New Registered Office Address: University Office Park, 5400 South University Drive, Suite 116, Davie, Florida, 33328
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:
P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) x Change ____ Add ____ Remove	P	Same	University Office Park, 5400 South University Drive, Suite 116 Davie, Florida 33328
2) / Change ____ Add ____ Remove			
3) ____ Change ____ Add ____ Remove			
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

None

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

None

The date of each amendment(s) adoption: 4-12-12

Effective date if applicable: Immediate

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/12/12

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeffrey S. Rosse

(Typed or printed name of person signing)

President / Registered Agent

(Title of person signing)