

PO3000082208

(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



000244558750

02/26/13--01021--021 ***140.00

FILED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
13 FEB 26 PM 3:14

R A / ch 8
(1a 2 / 28 / 13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CE CREDIT SOLUTIONS, INC
Name of Corporation

DOCUMENT NUMBER: P030000 82208

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:

Michael J Gebaide
Name of Contact Person

Firm/Company
1703 Astor Farms Pl
Address

SANFORD FL 32771
City/State and Zip Code

cf115@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J Gebaide at (407) 332-6645
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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C E CREDIT SOLUTIONS, INC
2. The principal office address: 200 CROWN OAK CENTRE
Longwood FL 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/28/03 Document number: 203000082208
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)

LYNN M. Gebaide
1703 Astor Farms Place
Sanford, FL 32771

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

Michael J Gebaide
1703 Astor Farms Pl
SANFORD FL 32771

P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 26 PM 3:14

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, of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Michael J Gebaide, Pres
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]
Signature of Registered Agent

2/1/13
Date

If signing on behalf of an entity:

Typed or Printed Name

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