

P3000105583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

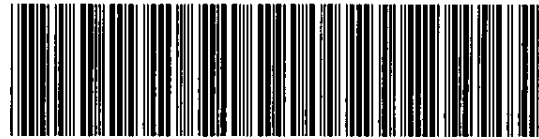
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
11/13/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Omni Credit Services of Southeastern FL, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000105583

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:

Gregory Straub
(Name of Contact Person)

Omni Credit Services of Southeastern FL, Inc.
(Firm/Company)

333 Bishops Way, Ste 100
(Address)

Brookfield, WI 53005
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Straub at (262) 784-0200
(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



November 7, 2008

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office for Corporation
Omni Credit Services of Southeastern FL, Inc.

Dear Amendment Section:

Enclosed please find a document entitled "Statement of Change of Registered Office or Registered Agent or Both for Corporation". In addition, please find a check in the amount of \$35.00 for filing the enclosed amendment. If you have any questions or if I need to provide any additional information, please contact the undersigned. Thank you for your assistance in this matter.

With kind regards,

A handwritten signature in cursive script that reads "Gregory Straub".

Gregory Straub
Corporate Counsel for Omni Credit Services of Southeastern FL, Inc.
(800) 305-6664

**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: Omni Credit Services of Southeastern FL, Inc.
2. The principal office address: 4300 Biscayne Blvd, Ste 302
Miami, FL 33137
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/22/03 Document number: P03000105583
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)

Bernard C. Klemann

2555 Collins Avenue, #395

Miami Beach, FL 33140

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

Bernard C. Klemann


4300 Biscayne Blvd, Ste 302

(P.O. Box NOT acceptable)

Miami, FL 33137

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)

George F. Kopp, President

(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)

November 6, 2008

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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TALLAHASSEE, FLORIDA