

P04000149334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

06/23/05--01053--008 **35.00

7:25pm JUL 29 2005

RAR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Executive Credit Group, Inc.
(Name of corporation)

DOCUMENT NUMBER: P040000149334

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:

Tony Brest
(Name of contact person)

Executive Credit Group, Inc.
(Firm/Company)

132 E Colonila Dr Suite 214
(Address)

Orlando, FL 32801
(City/state and zip code)

For further information concerning this matter, please call:

Ronald M. Nickerson at (407) 894-3943
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2005

RONALD M NICKERSON
122 COUNTRY CREEK LN
KISSIMMEE, FL 34746

2ML

SUBJECT: EXECUTIVE CREDIT GROUP, INC.
Ref. Number: P04000149334

We have received your document for EXECUTIVE CREDIT GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 705A00043225

Return 7/12/05

*with
change*

7/12/05

**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: Executive Credit Group, Inc
2. The principal office address: 132 E Colonial Dr. Suite 214
Orlando, Fl. 32801
3. The mailing address (if different): P.O. Box 568738
Orlando, Fl. 32856
4. Date of incorporation/qualification: 10/29/04 Document number: P0400000149334
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Glenn Voegtle

200 E Pineloch Ave.

Orlando, Fl. 32806

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

ANDREW COSTA

200 E. Pineloch Ave.

(P.O. Box NOT acceptable)

Orlando, Fl. 32806

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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.

Ronald M. Nickerson
(Signature of an officer or director)

Ronald M. Nickerson, VP/D

(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.

Glenn Voegtle
(Signature of Registered Agent)

6/23/05

(Date)

If signing on behalf of an entity:

Thomas Rounds

(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