

P07000016466

(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



700346082437

07/10/20 010.17 - 00.11 + 1.5.00

S. TALLEY

AUG 27 2020

2020 JUL 10 PM 5:20

RIA-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELITE COLLATERAL RECOVERY, INC.
Name of Corporation

DOCUMENT NUMBER: P07000016466

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:

MAXIMO PINEIRO
Name of Contact Person

ELITE COLLATERAL RECOVERY, INC.
Firm/Company

P.O. Box 3394
Address

ELIZABETH, NJ 07207-3394
City/State and Zip Code

MAX@ECRTEAM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maximo Pineiro at (732) 489-7728
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: ELITE COLLATERAL RECOVERY, INC.
2. The principal office address: 1920 SW BILTMORE ST
PORT ST LUCIE, FL 34953
3. The mailing address (if different): P.O. BOX 3394 ELIZABETH, NJ 07207-3394
4. Date of incorporation/qualification: 02/01/07 Document number: P07000010466
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)
ENRIQUE COLLAZO - (Resigned)
831 SE POLYNESIAN AVE
PORT ST LUCIE, FL 34983

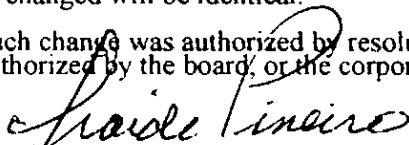
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

MAXIMO PINEIRO
1920 SW BILTMORE ST
P.O. Box NOT acceptable
PORT ST LUCIE, FL 34953

2020 JUL 10 PM 5:20

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

IRAIDE PINEIRO P
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

07-08-2020
Date

If signing on behalf of an entity:

Maximo Pineiro
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 (04/13)