

P07000076061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

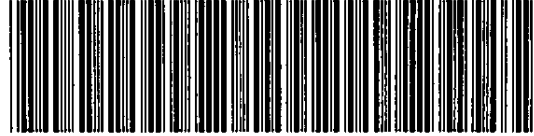
(Business Entity Name)

(Document Number)

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2016 JUL 15 AM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 25 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL CHECK CONSOLIDATORS OF FLORIDA
Name of Corporation

DOCUMENT NUMBER: P07000076061

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:

ERASMO PINEDA
Name of Contact Person

NATIONAL CHECK CONSOLIDATORS OF FLORIDA
Firm/Company

2875 NE 191 STREET SUITE 701
Address

AVENTURA, FLORIDA 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

ERASMO PINEDA at (877) 327-4249
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL CHECK CONSOLIDATORS OF FLORIDA
2. The principal office address: 2875 NE 191 STREET SUITE 701
AVENTURA, FLORIDA 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/02/2007 Document number: P07000076061
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)

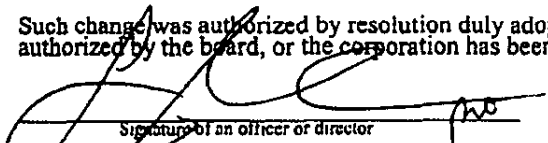
SCOTT ROSEN, P.A.
150 S. PINE ISLAND ROAD SUITE 417
PLANTATION, FLORIDA 33324

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

ERASMO PINEDA
2875 NE 191 STREET SUITE 701
P.O. Box NOT acceptable
AVENTURA, FLORIDA 33180

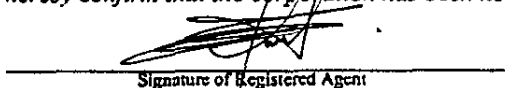
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

LARRY COHEN, 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

7 - 12 - 2016
Date

If signing on behalf of an entity:

ERASMO PINEDA
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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 15 AM 1:00

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