## P07000076061

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: National Check Consolidators of FLorida, Inc

Name of Corporation

P0700076061

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, Inc.

Firm/Company

1111 Park Centre Blvd Suite 360

Address

Miami Gardens, FL 33169

City/State and Zip Code

epineda@natcnc.comm

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erasmo Pineda

305 (318-248

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

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: National Check Consolidators of Florida, Inc
	office address: 1111 Park Centre Boulevard Suite 360
Miami Gai	rdens, FL 33169
3. The mailing ad	ddress (if different):
4. Date of incorpo	oration/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 ment of State: (If resigned, enter resigned)
•	Erasmo Pineda
-	2875 NE 191 Street Suite 701
, ,	Avenetura, FL 33180
6. The name and s (if changed):	street address of the new registered agent (if changed) and for registered office
	Erasmo Pineda
	1111 Park Centre Boulevard Suite 360
_	P.O. Box NOT acceptable
<u> </u>	Miami Gardens, FL 33169
The street addres as changed will b	is of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
,	an Colingra Larry Cohen Officer/Director
. استأنيا	to I an other or director  Printed or typed name and title  the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to diverse and I am familiar with and accept the obligation of my position as registered to document I she being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.  11 - 27 - 2018  Date
Signal If signing on beha	
Тур	ped 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)