

PO7000122361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

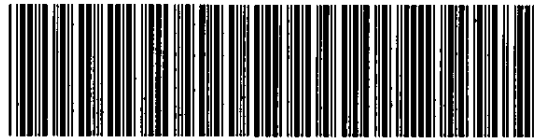
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TALLAHASSEE, FLORIDA

B.A. Change

TB 9/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Real Estate Recovery Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000122361

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:

JOANN COOK-KUIPERS
(Name of Contact Person)

(Firm/Company)

P.O. Box 500021
(Address)

Marathon, Florida 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

JOANN COOK-KUIPERS at (305) 360-7968
(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

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