## P08000093564

(Re	equestor's Name)	<del> </del>
(Ad	ldress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500171215965

03/08/10--01015--013 \*\*35.00

RA Co Chy

10 MAR -8 AM II: 46

Roberts MAR 0 9 2010

## **COVER LETTER**

SUBJECT: Am	nerican Debt Sett	lement	Solution	18		
SUBJECT: An	Name of C					
DOCUMENT NUMBER:	NUMBER:P08000093564					
The enclosed Statement of Cha	ange of Registered Offic	ce/Agent a	and fee are	submitted for filing.		
Please return all corresponden	ce concerning this matte	er to the fo	ollowing:			
	lack	Hahn				
Jack Hahn Name of Contact Person						
	American Debt S	ettlemen	t Solution	s		
Firm/Company						
5499 N. Federal Hwy Suite C						
	Ad	dress				
Boca Raton, FL 33487 City/State and Zip Code						
E-mail ad	jack@america dress: (to be used for			notification)		
For further information concer	ning this matter, please	call:				
Jack H		at (	561 <sub>)</sub>	241-6922		
Name of Conta	ct Person	Aı	rea Code &	Daytime Telephone Number		
Enclosed is a \$35.00 check ma	de payable to the Depa	rtment of	State.			
Amer Divis P.O. l	ng Address: Indiment Section Identification of Corporations Box 6327 Inassee, FL 32314		Division Clifton B 2661 Exe	ent Section of Corporations		

TO:

Amendment Section Division of Corporations

## 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: American Debt Settlement Solutions, TMC.  2. The principal office address: 5499 N. Federal Hwy Suite C Boca Raton, FL 33487
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/15/2008 Document number: P08000093564
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)
Blake Janover
8 Royal Palm Way # 202
Boca Raton, FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jack Hahn  5499 N. Federel Hung Sute C  P.O. Box NOT acceptable  Boxa Roton, FL 33487
Boca Roton, FL 33487
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.
Michael Dipanni   Printed or typed name and title
shereby 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.
3-3-2010
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*