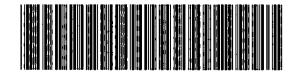
## P10000028473

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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MAR 0 5 2014 C. CARROTHERS

## COVER LETTER

TO: Amendment Section Division of Corporations	•				
NAME OF CORPORATION: Active Deb	t Solutions, Inc				
DOCUMENT NUMBER: P1000002847	3				
The enclosed Articles of Amendment and ice are su	_	,			
Please return all correspondence concerning this mat	tter to the following:				
Jeremy Marcus					
	Name of Contact Person	n			
Paralegal Staff St	upport LLC				
	Firm/ Company				
2201 NORTH AN	2201 NORTH ANDREWS AVE SUITE105				
Pompano Reach	Address Pompano Beach, FL 33069				
Tompano Deadin,	City/ State and Zip Cod	e			
ioromy omni@amail	•				
jeremy.omni@gmail.o	ed for future annual report	notification)			
	•	,			
Por flirther information concerning this matter, please	e en(l:				
Jeremy Marcus	<sub>11/</sub> 561	, 779-0153			
Name of Contact Person	. Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee • □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Feb. 27. 2014 2:45PM.

No. 0269 P. 3FILED

14 MAR -3 AM IO: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## Articles of Amendment to Articles of Incorporation

Active Debt Solutions, Tax.	•
(Name of Corporation as currently filed with the Fle P1000028473	orida Dept, of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this E its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and comain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2201 North Andrews Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite 105
	Pompano Beach, FL 33069
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	35 in Floridy, enter the name of the
Name of New Registered Agent Jeremy Marcus	
2201 North Andr	p.
New Registered Office Address: Pompano Beach	, Florida 33069
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office litte:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PΥ	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Angelo Anzalone	693 E. Ocean Ave
Add	-		Suite 103
Remove			Boynton Beach, FL 33435
2) Change	Р	Jeremy Marcus	2201 North Andrews Ave
Add			Suite 105
Remove			Pempano Beach, FL 33435
3) Change			
Add		•	**************************************
Remove			AND THE PROPERTY OF THE PROPER
4) Change			
Add			
Remove			
5) Change		_	·
Add			
Remove			
ஏ ☐ Change			· .
Add			
Remove			

(Attach a	dditional sheets,	, if necessary).	cles, enter change(s) hera: (Be specific)	
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provision	endment providens ons fur implement or applicable, h	enting the amon	inge, recinssification, or ex dment if not contained in	·
	M			
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				A

The date of each amendment(s) adoption: 2/24/2014	if other than the
date this document was signed.	
Effective date if applicable:	***************************************
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/vere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by:	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 02/27/2014	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Angelo Anzalone	
(Typed or printed name of person signing)	***
Owner	
(Title of person signing)	

14 HAR -3 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA