

P10000034016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 26 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

Default Tax Services, Inc

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: P10000034016

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:

Name of Contact Person

Corporate Recovery Solutions, Inc.
Firm/Company

36150 Emerald Coast Pkwy, #101
Address

Destin FL 32550
City/State and Zip Code

info@corporaterecoveryolutions.com
E-mail address: (to be used for future annual report notification)
corporaterecoveryolutions.com

For further information concerning this matter, please call:

Wendy at (850) 460-2097
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Default Tax Services, Inc
2. The principal office address: 42 Business Center Dr.
Miramar Beach FL 32550
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-15-10 Document number: A00000234016
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)

Thone LLC
42 Business Center Dr.
Miramar Beach FL 32550

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

Corporate Recovery Solutions, Inc
36150 Emerald Coast Pkwy
Destin FL 32541

P.O. Box NOT acceptable

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.

W.A. Lewis For Corporate Recovery W.A. Lewis
Signature of an officer or director 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.

Corporate Recovery by W.A. Lewis 10-24-12
Signature of Registered Agent Date

If signing on behalf of an entity:

W.A. Lewis
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)

FILED
OCT 25 AM 9:17
TALLAHASSEE, FL
STATE DEPT. OF CORP.