

P11000023013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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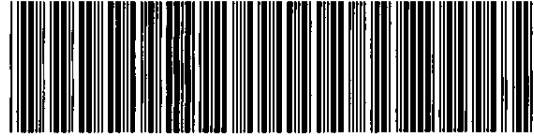
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A./R.D./ch8
@ 6/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Recommend Judgment Recovery
Name of Corporation

DOCUMENT NUMBER: P110000023013

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:

Darren Rainey
Name of Contact Person

Recommend Judgment Recovery
Firm/Company

1800 Pembroke Drive Ste 300
Address

Orlando FL 32810
City/State and Zip Code

Darrenrainey94@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren Rainey at (321) 746-3172
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
11 JUN 20 PM 9: 28
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2011

DARREN RAINEY
RECOMMEND JUDGEMENT RECOVERY CORP.
10224 DYLAN STREET - APT. 110
ORLANDO, FL 32825

SUBJECT: RECOMMEND JUDGMENT RECOVERY CORP.
Ref. Number: P11000023013

We have received your document for RECOMMEND JUDGMENT RECOVERY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

YOU FAILED TO LIST THE NEW REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00014313

**STATEMENT OF CHANGE 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Recommend Judgment Recovery
2. The principal office address: 1800 Pembroke Drive Ste 300
Orlando FL 32810
3. The mailing address (if different): 1800 Pembroke Dr. Ste 300
Orlando FL 32810
4. Date of incorporation/qualification: _____ Document number: P11000023013
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)

Sarita Martinez (Resigned)
2100 S. Conway Rd Apt. J-5
Orlando FL 32812

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

Darren Rainey
10224 Dylan St. Apt 110
P.O. Box NOT acceptable
Orlando FL 32825

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DIVISION OF CORPORATIONS
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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.

R. Mercurius
Signature of an officer or director

Alric Mercurius CEO
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.

Darren Rainey
Signature of Registered Agent

6/16/2011
Date

If signing on behalf of an entity:

Darren Rainey
Typed or Printed Name

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