

P130000012421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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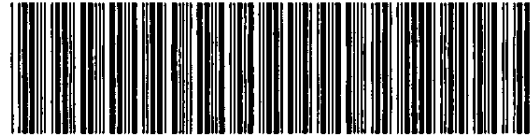
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
13 AUG 20 PM 3:35

AUG 22 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA RECOVERY CREDIT SERVICES CORP.

Name of Corporation

DOCUMENT NUMBER: P13000012421

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:

ERIC SCHAEFFER

Name of Contact Person

FLORIDA RECOVERY CREDIT SERVICES CORP

Firm/Company

2974 HARTLEY RD SUITE 3

Address

JACKSONVILLE FLORIDA 32257

City/State and Zip Code

ERIC@FRCS.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC SCHAEFFER

Name of Contact Person

at (**904**) **8876096**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2013

ERIC SCHAEFFER
FLORIDA RECOVERY CREDIT SERVICES CORP.
2974 HARTLEY RD STE 3
JACKSONVILLE, FL 32257

SUBJECT: FLORIDA RECOVERY CREDIT SERVICES CORP.
Ref. Number: P13000012421

We have received your document for FLORIDA RECOVERY CREDIT SERVICES 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 registered agent must sign accepting the designation.

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) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 713A00019098

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: FLORIDA RECOVERY CREDIT SERVICES CORP.
2. The principal office address: 2974 HARTLEY RD SUITE 3
JACKSONVILLE FLORIDA 32257
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/06/2013 Document number: P13000012421
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)

STEVEN E SCHAEFFER

901 MIDDLE RIDGE CT

ORANGE PARK FLORIDA 32065

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

KIMBERLY BLUNT

2974 HARTLEY RD SUITE 3

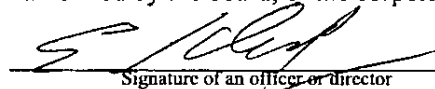
P.O. Box NOT acceptable

JACKSONVILLE FLORIDA 32257

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 20 PM 3:35

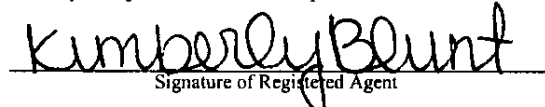
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Starr Eric Schaeffer President
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.


Signature of Registered Agent

8.14.13
Date

If signing on behalf of an entity:

Kimberly Blunt
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)