F00000003922

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.

RECEIVED
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DIVISION OF CORPORATIONS

Certificate of Status	0
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43.75

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PDR 8/10/05

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.
(Name of corporation)

DOCUMENT NUMBER: F00000003922

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:

Sharon M. Knox
(Name of person)

Triad Professional Services, LLC
(Name of firm/company)

2050 Marconi Drive, Suite 150
(Address)

Alpharetta, Georgia 30005
(City/state and zip code)

For further information concerning this matter, please call:

Sharon M. Knox at (770) 777-2048
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

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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: ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.

2. The principal office address: 7001 Peachtree Industrial Blvd., Ste. 320, Norcross, GA 30092

3. The mailing address (if different):

4. *Date of incorporation/qualification:* 07/10/2000 *Document number:* F00000003921

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Barill, David

7067 W. Broward Blvd., Ste. C

Plantation, FL 33317

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box or personal mailbox NOT acceptable)

Weston, FL 33331

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) Scott J. Tsanos, Vice President (Printed or typed name and title)

I 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.

NRAI Services, Inc.

by: (Signature of Registered Agent) August 2, 2005 (Date)

If signing on behalf of an entity:

Sharon M. Knox (Typed or Printed Name) Assistant Secretary (Capacity)

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

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

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