## 10000004



000004684590--5 -11/16/01--01023--008 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  NOV 2 1 2001
,	Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to t	the provisions of sections 607.0502, 6	617.0502, 607 1508 or 617	1502 Florid G	
ine undersign	ieu corporation organized under the la	ws of the State of Georgia		
submits the fo	ollowing statement in order to change	its registered office or regi	stored agent on had	
the state of Fi	ioriaa,	garante of office of feg.	sierea agent, or both, in	
1. The name o	of the corporation is:	•		
National As	sset Recovery, Inc., doing business in Flo	orida as NAR National Asset I	Recovery, Inc.	
2 The mailing	~ oddu C4			
z. The maning	g address of the corporation is: 5600 Ro	oswell Road, Suite 110-N, Atl	anta, GA 30342	
<del></del>			**************************************	
3. Date of inco	orporation/qualification: 01/02/2001	Document numb	er: F01000000049	
4. The name ar	nd address of the current registered age	ent and office:	700 9	
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	ECRI TO	
	1200 South Pine Island Road			
	Plantation, FL 33324		THE SECOND	
5. The name an	nd address of the new registered agent a	and office: (P. O. Box Not A	Iccentable To	
	LEXIS Document Services Inc.	(4. 3. Box 140¢ 1	25	
·	3953 WW Kelley Road		_ <del>=</del> 2m 3	
•	Tallahassee, FL 32311	- ************************************	_	
The street addre	ess of its registered office and the streeted, will be identical.	et address of the business o	_ 🐩	
Such change wa	as authorized by resolution duly adopt	ted by its board of directors	or by an officer so	
	ac toard	= 10	1 1	
(Signature	of an officer, chairman or vice chairman of the boa	ard)	<u>8</u>  0  (Date)	
Russell	S. Thomas Procin	dent	•	
**	(i inited or typed name and title)	· · · · · · · · · · · · · · · · · · ·		
corporation, I he	med as registered agent and to accept ereby accept the appointment as regis	service of process for the d	above stated	
I fürther agree to performance of	med as registered agent and to accept ereby accept the appointment as regis to comply with the provisions of all sta my duties, and I am familiar with and t.	stered agent and agree to a stutes relative to the proper	ct in this capacity. · and complete	
registered agent	t.	accept the obligation of m	y position as	
AMM) x	Stallen on Must lear	mala		
(Sig	gnature of Registered Agent)			
If signing on behalf	of an entity:	_	-	
KAREN STEPH	ENSON ASS	ST. SECRETARY		
(1)	yped or Printed Name)	(Capacity)		
* * * FILING FEE: \$35.00 * * *				

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