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Florida Department of State Division of Corporations

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REGISTERED AGENT CHANGE

RETRIEVAL-MASTERS CREDITORS BUREAU, INC.

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Do

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 617.1308, Florida Status	ES,
this statement of change is submitted for a corporation organized under the laws of the State of	
Now York in order to change its registered office or registered agent, or both, in the St	ate
of Florida.	
1. The name of the corporation: Retrieval-Masters Creditors Bureau, Inc.	
2. The principal office address: 2269 Saw Mill River Rd. Bldg #3	200
Elmsford, NY 10523	
3. The mailing address (if different): PO Box 160	
Elmsford, NY 10523	
4. Date of incorporation/qualification: June 22, 1993 Document number: F93000002881	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
The Prentice-Hall Corporation System, Inc.	
1201 Hays Street	
Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office changed):	(if
C T Corporation System	
c/o CT Corporation System	
(P.O. Hox or personal mailbox NOT acceptable)	
1200 South Pine Island Road, Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registere agent, as changed will be identical.	d
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.	
Republic of an officer, chairman of vice chairman of the board)	
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 duities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.	
By: Michele Miller Assistant Secretary 2103	
(Signature of Registered Agent) (Care)	
If signing on behalf of an entity:	
(Capacity)	_

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

Make checks payable to Plorida Department of State and Mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314