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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	UBJECT: NETCOLLECTIONS LLC Name of Limited Liability Company		_
Dear !	Sir or Madam:		
The e	nclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concer	rning this matter to the following:	
	Gerri Mirando		
***************************************	Name of Person		
	National Registered Ager	nts, Inc.	
	Firm/Company	<u> </u>	J
100 Canal Pointe Blvd. Suite 212 Address		Suite 212 ASS	OL AUR BIR
Princeton, New Jersey 08540 City/State and Zip Code			0
E-	gmirando@nrai.cor -mail address: (to be used for future annual re	m	J
For fu	orther information concerning this	matter, please call:	
	Gerri Mirando	at (800) 767-1553 ex 131	
***	Name of Person	Area Code & Daytime Telephone Number	_
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the foll	lowing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	NETCOLLECTIONS LLC		
2. (a) Principal office address of limited liability compan	y: 1731 Victoria Way NW		
(Note: MUST BE STREET ADDRESS)	Kennesaw, GA 30152		
(b) Mailing address of limited liability company:	2774 N Cobb Pkwy - 109 # 181		
(Note: MAY BE POST OFFICE BOX)	Kennesaw, GA 30152		
March 3, 2008	MO800001024		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Agents and Corporations, Inc.		
Registered Office Address:	300 Fifth Avenue South		
	Ste. 101-330 Naples, FL 34102		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	NRAI Services, Inc. 2731 Executive Park Drive, Suite 4		
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33331		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an Affirmative vote of the members of the limited liability company or as otherwise provided in the articlessof organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member John Weaver Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services, Inc. Signature of Registered Agent Geraldine Mirando, Asst Secy Division of Corporations, P.O. Box 6327, Tallahassee, FI. 32314			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

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