M09000001974

(Requestor's Name)
,
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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<u> </u>

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

B. KOHR

MAR 23 2010

EXAMINED

COVER LETTER

Division of Co					
SUBJECT:	Natior	wide (Credit Service	e, LLC	
	Name of	Limited	l Liability Comp	any	
Dear Sir or Madam:					
The enclosed Register	ed Agent/Registered	Office (Change and fee(s	s) are submitted for filing	,
Please return all corre	spondence concernin	g this m	atter to the follo	wing:	
					, <u>S</u>
	Forrest Rupley				る一般
	Name of Person				芸の
Nationw	ide Credit Service,	LLC			6
	Firm/Company				TO MAR 19 M D SU
	PO Box 1787				S. S.
17 x 184 x	PO Box 1787 Address	•	• •		
^{∆π} — Lor	naview WA 98632				
Cit	ngview, WA 98632 y/State and Zip Code				
age	ency@ncscorp.net		,		
E-mail address: (to be	ency@ncscorp.net used for future annual report	t notification	on)		
For further information	n concerning this ma	itter, plea	ase call:		
Forres	t Rupley	at (360_)	232-1016	
Name of	Person		Area Code &	& Daytime Telephone Number	
STREET/COU	RIER ADDRESS:		MAILING A	DDRESS:	
			Registration S		
			Division of Corporations		
Clifton Buildin			P.O. Box 632		
2661 Executive Tallahassee, Flo		•	Tallahassee, I	10F1Ga 32314	
Enclosed is a	check for the follow	ing amo	ount:		
\$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.

16. 1. Name of the limited liability company: 1. Name of the limited liability company:	onwide Credit Service, LLC		
2. (a) Principal office address of limited liability company	: 1340 12th Avenue		
(Note: MUST BE STREET ADDRESS)	Longview, WA 98632		
(b) Mailing address of limited liability company:	PO Box 1787		
(Note: MAY BE POST OFFICE BOX)	Longview, WA 98632		
May 22, 2009	M0900001974		
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:	Corporation Service Company		
Registered Office Address:	1201 Hays Street		
	Tallahassee, FL 32301-2525		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	CorpDirect Agents, Inc.		
NEW Registered Office Address:	515 East Park Ave		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified to company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized to sentative of a member	lasida atsest addesace of the vaniatesed office		
Phillip Lovingfoss	_		
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my provided to an address of the provisions of the p	agree to act in this capacity. I further agree to oper and complete performance of my duties, still on as registered agent as provided for in erely reflect a change in the registered office to have been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00