B98000000589

C T Corporation System	· · · · · ·		
Requestor's Name			
660 Fast Jefferson Stree	<u>t</u>	•	
Address			
Tallahassee, FL 32301	<u> </u>	- -	
City State Zip	Phone	900002	is ainte ainte ainte i des les les les les les les les les les l
	1		7/39-71/168-7ns
CORPORATIO	ON(S) NAME	*****	52.50 *****52
	2		
Nationwide Debt 1	Recovery, L.P.		The same of the sa
Changed Name to:			
Compress Receivables	Management L.P.	The state of the s	므
(DM/MS) /Cacara es	" mingerian c.		99 MAR 17
			一
() Drofit			四 军
() Profit () NonProfit	&Amendment C	P. () Merger	
() Limited Liability Compar	` '	(75	골 링크
() Foreign	() Dissolution/Wit	hdrawal () Mark	PH 1: 4
		() Other	= 5
() Limited Partnership	() Annual Report	() Other () Change o	t R Δ
() Reinstatement	() Reservation	() Fictitic	ous Name
() Limited Liability Partne	() Photo Copies	() CUS	
() Certified Copy	() Filoto Copies	() 000	
() Call When Ready	() Call if Problem	() After 4:30)
KX Walk In	ζ΄) Will Wait	👸 Pick Up	
() Mail Out	••		
		· · · · · ·	 , · <u>z</u>
Name O Availability	2/12/20	please re <u>tu</u> rn extra (COPY(S)
No or	3/17/99	FILE STAMPED	
Document Examiner	v	THANKS	•
Undeter		JOEY	
Official Control of the Control of t	γ	$\mathcal{A}_{\mathcal{A}}$	6 A13
Verifler	1	11	76 10 10 10 10 10 10 10 10 10 10 10 10 10
Document Examiner Updater Verifler Acknowledgment			SECRET TVISION O
- 5 3		2/1/99	77
W.P. Verifier		·)// / / / '	- 88E
	_	' '	

CR2E031 (1-89)

CERTIFICATE OF AMENDMENT TO

APPLICATION FOR REGISTRATION OF

Nationwid	de Debt Recovery, L.P.
	name currently on file with Florida Dept. of State)
Pursuant to the provisions of se hereby submits this certificate	ection 620.173 Florida Statutes, this foreign limited partnership of amendment to its registration application:
The registration application is	amended as follows:
and has been recorded	gn limited partnership has changed as follows in the home state: Deceivables Management L.P.
Compass R	deceivables Management L.P.
	70 15
	Malt
N. h	ationwide Debt Recovery, Inc.
	y Leeds Hackett, Secretary & Treasurer (Typed or printed name of General Partner signing above)
STATE OFMARYLAND	
COUNTY OFBALTIMORE	: ÷
On this da	y of Nout , 19 98, Leed Hoston
personally appeared before me	7
	who is personally known to me whose identity I proved on the basis of
	The basis of
	James Jaylar
	(Notary Public Signature)
•	Joanna Taylor (Notary's Printed Name)
Séal .	My Commission Expires:1(/2-7/3)