

FO2000001406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

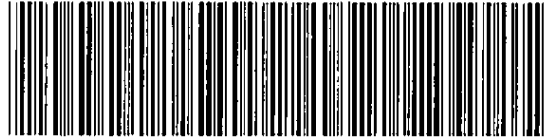
Special Instructions to Filing Officer:

J. D. B. B. B.

12/22/23

✓

Office Use Only



500420518675

12/22/23--01040--002 \*\*35.00

FILED  
2023 DEC 22 PM 2:08  
SECRETARY OF STATE  
201 N. BROAD ST. 10TH FLOOR  
COLUMBIA, SC 29201

## **National Collection Systems, Inc.**

**10845 Olive Blvd. Ste 210  
St. Louis, MO 63141**

State of Florida  
FL Reg Section Division of Corporations  
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: National Credit Management, Inc. F02000001406**

To Whom It May Concern:

Enclosed you will find our completed Name Change Foreign Corporation application. Our legal name has been National Credit Management, Inc. since inception but when this Foreign Corporation was filed it was filed with the forced name. No amendment to the home state legal name has been made so there is no amendment documentation to provide, only the current good standing showing the legal name.

Please mail all correspondence to:

Steve Fagin  
National Collection Systems, Inc.  
PO Box 32900  
Saint Louis, MO 63132-8900

If you have any questions regarding this application, please contact:

Steve Fagin  
National Credit Management, Inc.  
Phone: (800) 333-6787  
Fax: (N/A) -  
Email: sfagin@ncmstl.com

Enclosures

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** National Credit Management, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F02000001406

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Fagin

\_\_\_\_\_  
Name of Contact Person

National Collection Systems, Inc.

\_\_\_\_\_  
Firm/Company

10845 Olive Blvd. Ste 210

\_\_\_\_\_  
Address

St. Louis, MO 63141

\_\_\_\_\_  
City/State and Zip Code

sfagin@ncmstl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Butera

at ( 952 ) 259-4236

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F02000001406

(Document number of corporation (if known))

1. National Credit Management, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Missouri 3. 03/20/2002  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/18/1971
5. National Collection Systems, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Angela Butera

(Typed or printed name of person signing)

Attorney-in-Fact

(Title of person signing)

**FILING FEE \$35.00**

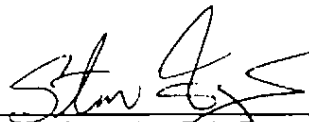
**Collectors Insurance Agency, Inc.**  
**Power of Attorney**

NOTICE IS HEREBY GIVEN THAT National Collection Systems, Inc., ("Entity") an entity organized under the laws of Missouri, does hereby appoint, Angela Butera, Kris Nielsen, Kristina Warmka while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 8<sup>th</sup> day of December, 2023.



\_\_\_\_\_  
Signature of Authorized Entity Representative  
Steve Fagin, President/CEO/Secretary/  
Treasurer/Owner/Collection Manager  
\_\_\_\_\_  
Print Name and Title

Sworn to and subscribed before me  
this 8<sup>th</sup> of December, 2023

Notary Public, State of Missouri  
Commission Expires: 7-26-2026

Rosemarie Neumann

ROSEMARIE NEUMANN  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for St. Louis City  
My Commission Expires: July 26, 2026  
Commission Number: 14431310

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

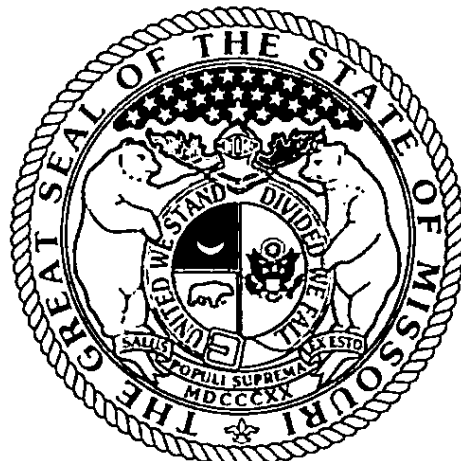
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*NATIONAL COLLECTION SYSTEMS, INC.*  
*00147092*

was created under the laws of this State on the 18th day of March, 1971, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of November, 2023.

  
Secretary of State



Certification Number: CERT-11142023-0029