

FO400004322

(Requestor's Name)

(Address)

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CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 460864 7392889

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE : December 17, 2012

ORDER TIME : 11:15 AM

ORDER NO. : 460864-003

CUSTOMER NO: 7392889

CHANGE OF AGENT

NAME: CREDIT CARD RECEIVABLES FUND
INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

**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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CREDIT CARD RECEIVABLES FUND INCORPORATED
2. The principal office address: 10625 Techwoods Circle, Cincinnati, OH 45242
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/26/2004 Document number: F04000004322

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Deb Reeves
Signature of an officer or director

Deb Reeves, Vice President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Sylvia Queppet
Signature of Registered Agent

12/14/2012

Date

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)