

F04D0000004677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

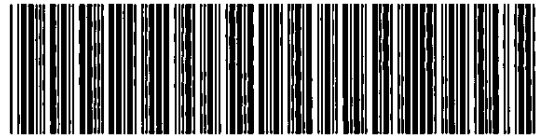
(Document Number)

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name of person  
signing on behalf  
of CSC



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08 JUL 25 PM 1:58

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 JUL 25 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA chg'

28 7/25



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 657597 4323759

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 35.00

ORDER DATE : July 25, 2008

ORDER TIME : 10:44 AM

ORDER NO. : 657597-040

CUSTOMER NO: 4323759

CHANGE OF AGENT

NAME: MEDI CREDIT FINANCIAL  
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MediCredit Financial Services, Inc.
2. The principal office address: Three CityPlace Drive, Ste. 690  
St. Louis, MO 63141
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/16/04 Document number: F04000004677
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, Florida 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, Florida 32301

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.

  
(Signature of an officer or director)

Mark Rowland, Secretary

(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.*

  
(Signature of Registered Agent)

July 24 2008  
(Date)

If signing on behalf of an entity:

Michelle R. Vannoy  
(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 (8/05)