F050	00001623
(Requestor's Name) (Address) (Address)	600073422506
(City/State/Zip/Phone #)	05/08/0601031007 **35.00 06 HAY -8 PH 2:36 06 HAY -8 PH 2:36
Office Use Only	RAChange 05-15-06 Dc

## FILE REQUEST

May 2, 2006



Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Type of Filing:	Change of Registered Agent
Subject:	NATIONAL ONE CREDIT CORP.
Form(s) Enclosed:	Statement of Change of Registered Office or Registered Agent or Both for Corporations

Supporting Document(s):	
Check(s) Enclosed:	Check #107584 - \$35.00
Return Via:	US Mail (self-addressed envelope enclosed)
Filing Method:	Routine

As always, thank you!

Please return to:

Attn: Carol Shelton Unisearch, Inc. 1780 Barnes Blvd. SW Tumwater, WA 98512-0410 (800) 722-0708 ext.126

## 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  $N_{e}$  W brk. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	NATIONAL ONE CREDIT CORP.							
2. The principal office address:	he principal office address: 316 5TH AVENUE, SUITE 403, NEW YORK, NY 10001							
3. The mailing address (if different):								
4. Date of incorporation/qualification:	03/15/05	Document number:	F0500000162	23				
5. The name and street address of the our Florida Department of State:	rent registered ag	ent and registered office on fi	ile with the					
CORPO	RATION SERV	VICE COMPANY						
	1201 HAYS S	STREET		۷IC				
TAL	LAHASSEE, FL	_ 32301-2525		<b>H 90</b>	SECR			
6. The name and street address of the new (if changed):	w registered agent	t (if changed) and /or register	ed office	06 HAY -8	FILE			
	NRAI Servic	es, Inc.		PH	RPOFS			
2731	Executive Par	k Drive, Suite 4		2136	TATE			
	Box NOT acceptable)			<u>o</u> ,	D.			
	Weston, FL	. 33331			0			
The street address of its registered offic as changed will be identical.	æ and the street a	address of the business offic	e of its registered a	igent,				
Such change was authorized by resoluti authorized by the board, or the corporat	ion duly adopted tion has been not	by its board of directors or iffied in writing of the chang	by an officer so					
(Signature of in orricer or director)		David Ma (Prosted or typed nat		resid	e.it			
I hereby accept the appointment as reg I further agree to comply with the provi of my duties, and I am familiar with an document is being filed merely to reflect corporation has been notified in writing	istered agent and Isions of all statu d accept the oblig It a change in the g of this change.	l agree to act in this capacit des relative to the proper an gation of my position as reg registered office address, T	y, d complete perfori istered agent. Or, hereby confirm th	nance if this at the				
CANNA MANTER	8	May 2, 2006						

If signing on behalf of an entity:

Carol Shelton, Asst. Secretary

(Stimule of Registered Agent)

(Typed or Printed Name)

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

(Detc)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314