FD5000003358

(Requestor's Name)							
(Address)							
(Ad	ldress)	·					
(Cit	ty/State/Zip/Phone	: #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nam	ne)					
(Do	ocument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only

Care of to add ware of person signing on behalf of CSC



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08 JUL 25 PH 1: 58

FILED

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ACCOUNT NO. : 072100000032

REFERENCE: 657597 4323759

AUTHORIZATION : Smell ble man

COST LIMIT :

ORDER DATE : July 25, 2008

ORDER TIME : 10:45 AM

ORDER NO. : 657597-045

CUSTOMER NO: 4323759

CHANGE OF AGENT

NAME: SPECIALIZED RECEIVABLES, 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

statement of chan	ige is submitted	for a corporation organi	2, 607.1508, or 617.1508, Florida zed under the laws of the State of red agent, or both, in the State of	<u> </u>
1. The name of th	e corporation:		Specialized Receivables, In	ıc.
2. The principal of St. Louis,		Three CityPlace Drive	, Ste. 690	
3. The mailing ac	ldress (if differe	ent):		
4. Date of incorp	oration/qualific	ation: 6/1/05	Document number: F050	000003358
	street address o		gent and registered office on file v	
	Joseph Fe	erro		<u> </u>
	4380 Oak	es Road, Ste. 800)	
	Davie, Flo	rida 33314		_ 💥 🕏
6. The name and (if changed):	street address o	f the new registered agen	t (if changed) and /or registered o	office \$\frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \
	Corporation	n Service Compa	ny	
	1201 Hay			_ 8
	Tallahass	(P.O. Box NOT acceptable) see, Florida 3230		_ 28
The street address as changed will	ss of its registe be identical.	red office and the street	address of the business office of	fits registered agent,
Such change was authorized by th	s authorized by e board, or the	resolution duly adopted corporation has been no	by its board of directors or by a tified in writing of the change.	an officer so
(Signatur		ector)	Mark Rowland, Asst. Sec (Printed or typed name at	nd title)
I hereby accept to a further agree to of my duties, and document is being corporation has	the appointmen o comply with t d I am familiar ng filed merely been notified i	it as registered agent an the provisions of all stati with and accept the obli to reflect a change in th n writing of this change.	d agree to act in this capacity. utes relative to the proper and c igation of my position as registe e registered office address, I her	omplete performance red agent. Or, if this reby confirm that the
Miche	nature of Registered	Agent)	July 2.	4 2008
If signing on bel	nalf of an entity	/:		
Miche	yped or Printed Nam	Vannoy		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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