F05000003918

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SECRETARY OF STATE

T I III O

8/17/10



FILING REQUEST

August 9, 2010

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

NIAGARA CREDIT SOLUTIONS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 34893 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida $\mathfrak S$ organized under the laws of the State of $_$	New York
in order	to change its registered office or i	registered agent, or both, in the State of F	lorida.
1. The name of the	e corporation:	Niagara Credit Solutions, Inc.	
2. The principal of	ffice address: 420 Lawrence Bell	Drive, Suite #2, Williamsville, NY 14221	
3. The mailing add	dress (if different):		
4. Date of incorpo	oration/qualification: 07/05/2005	Document number: F05000	0003918
	street address of the current registe	ered agent and registered office on file wi	
-	CT Corporation System		<u>.</u>
	1200 South Pine Island Ro	ad	_
_	Plantation, FL 33324		- 14 S
6. The name and s (if changed):	street address of the new registered	d agent (if changed) and /or registered off	SECRETARY C
<u>_</u>	NRAI Services, Inc.		الأ ريا
-	2731 Executive Park D	rive, Suite 4	- E. S.
	(P.O. Box NOT acc	eeptable)	e 06
_	Weston, FL 33331		-
The street address as changed will b	s of its registered office and the see identical.	street address of the business office of it	s registered agent,
Such change was authorized by the	authorized by resolution duly ac board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
Nionsture	of an officer or director)	Daniel R. Czyrny, Executive Vi	
I harahy accent th	ne annointment as registered age	ent and agree to act in this capacity. Il statutes relative to the proper and con ne obligation of my position as registere e in the registered office address, I herel nange.	,
Jul Cyrun	ature of Registered Agent)	8 9 10 (Date)	
If signing on beha			
Sue Johnson	, Asst. Secretary		
(Тур	ped or Printed Name)		

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