Division of Corporations **Electronic Filing Cover Sheet**

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(((H13000024048 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Ð

01

\$35.00

Account Number : I20040000031

: (800)906-9220

Fax Number

: (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

REGISTERED AGENT CHANGE CREDIT CONTROL SERVICES, INC.

Certificate of Status Certified Copy Page Count Estimated Charge

CAChainse

FEB 8 2013

T. LEWIS

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

statement of change	visions of sections 607.0502 617.0502 is submitted for a corporation organi change its registered office or registe	ized under the laws of the State of	Delaware
	orporation: Credit Control Sen		4 717 70404
2. The principal office	ce address; Two Wells Ave, Ne	ewton, MA 02459	
3. The mailing addre	ess (if different):		<u> </u>
4. Date of incorporat	tion/qualification: 04/05/2006	Document number: F060	00002169
	eet address of the current registered ag nt of State: (If resigned, onter resigned		with the
C	T CORPORATION SYSTE	M	"
12	00 SOUTH PINE ISLAND I	ROAD	SEC PEC
PL	ANTATION FL 33324 US	!	AR B
6. The name and stre (if changed):	cet address of the new registered agen	at (if changed) and /or registered o	
Re	egistered Agent Solutions, in	nc.	STAT STAT LORRI
15	5 Office Plaza Dr. Suite A		
_	P.O. Box NOT	acceptable	-
<u>Ta</u>	llahassee, FL 32301		-
The street address o as changed will be i	f its registered office and the street a dentical.	address of the business office of i	ts registered agent,
Such change was au authorized by the bo	thorized by resolution duly adopted pard, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
54	Re	Steve Hodge, VP of Fin	ance
Signalite of a signal to of a signal	n other a director appointment as registered agent and imply with the provisions of all statu luties, and I am familiar with and ac cument is being filed merely to refle the corporation has been notified in	Printed or typed name and to l agree to act in this capacity, tes relative to the proper and cor- cept the obligation of my positio ct a change in the registered offi writing of this change.	
		01/30/2013	
Signature	of Registered Agent	Date	
If signing on behalf	of an entity:	:	
	ASST SECTY Printed Name	·	
	* * * FILING FEE	E: \$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)