Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I20000000195

Phone

: (850)521-1000

Fax Number

(850) 558-1575

REGISTERED AGENT CHANGE

PREFERRED CREDIT, INC.

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5/4/2009 MAST: 11 2009 11:12AM 282

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

statement of ch	e provisions of sections 607.0502, 617.050 umge is submitted for a corporation organ ler to change its registered office or registi	sized under the laws of the State of \underline{N}	Minnesota
	the corporation: PREFERRED CRI	-	
	i office address: 3051 2nd Street S		1
3. The mailing	address (if different):		
4. Date of incor	porarion/qualification: 08/11/2006	Document number: F06000	0005285
	d street address of the current registered agrunent of State:	gent and registered office on file with	1 the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		2009 TAI
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered offic	2009 MAY -4 PM 4: 09 TALLAHASSEE, FLORID TALLAHASSEE, FLORID
	Corporation Service Company	-	SECOND P
	1201 Hays Street		Frest
	(P.O. Box NOT acceptable)		DRIE OS
	Tallahassee, FL 32301		B. C.
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of the change.	officer so
Mar	1100 SIN -	Maureen Cullen, Attorney	
Signan	the of an others of director)	(Printed or typed name and hi	le)
I hereby accept I further agree t of my duties, an document is bet corporation has Corporat	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	d agree to act in this capacity. ites relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the
By:	<u>u</u>	May 1, 2009	
(51)	stature of Regularical Agent)	· (Date)	
If signing on be	half of an emity:		•
	opet, Asst. VP		
. (1	(yped or Printed Name) * * * FILING FE	R: \$35 00 * * *	
	MAKE CHECKS PAYABLE TO FLO	RIDA DEPARTMENT OF STATE	
M.	ail to: Division of Corporations, P.0	O. Box 6327, Tallahassee, FL 32	2314

NO, 626 P. 2

CR2E045 (8/05)