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(Àd	dress)	
	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nan	ne)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 12000000088

Date: 11/8/2017		
Name:	Merritt Knickle	-
Reference	e #:C020606	
Entity Nai	me: NATIONWIDE REC	OVERY SERVICE, INC.
Article	s of Incorporation/Author	ization to Transact Business
🗌 Ameno	dment	
🖌 Chang	e of Agent	
🗌 Reinst	atement	
🗌 Conve	rsion	
🗌 Merge	r	
🗌 Dissol	ution/Withdrawal	
Fictito	us Name	



Other

Authorized Amount: <u>\$35</u> Signature: <u>MHHC</u>

• CORPORATE HQ COGENCY GLOBALINC 10 E 40 ST, 10 °FL NY, NY 10016 800.221.0102 -1.212.947.7200 EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED N ENGLAND & WALES
BENIS MARKS, 17 FL
EONDON ECGA / BA
+44 (0)20.3786.1090



 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HORG ROLGULW TED COWPANY INFINITUS PLAZA, 12 °FL 199 DES VOEUX RO CENTRAL HONG KONG +852,3975,1803

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

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 **Tennessee** in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	the corporation: NATIONWIE	DE RECOVERY	SERVICE	, INC.	-
	office address:	NORCROSS	GA	30092	_
-	ddress (if different):	NORCROSS	FL _	30092	
4. Date of incorporation/qualification: December 11, 2006 Document number: F				007628	-
	i street address of the current registered agreement of State: (If resigned, enter resigned		file with the		
NRAI Services, Inc.				20	
1200 South Pine Island Road				AON HÌR	
	Plantation, FL	33324		- 8 - V(
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				· · · · · · · · · · · · · · · · · · ·	'4
	COGENCY GLOBAL IN	C		•• •• ••	
	115 North Calhoun St., P.O. Box NOT of				
	Tallahassee, FL 32301				

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ture of an officer or director

J. TSAUES nied or typed name and title 19-450 corr

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 \sim

Signature of Registered Agent

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$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)