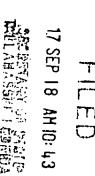
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COVER LETTER

TO: Amendment Section Division of Corporations

Midland Funding NCC-2 Corporation

F08000001620

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Gerkin

Name of Contact Person

Midland Funding NCC-2 Corporation

Firm/Company

3111 Camino Del Rio North, Suite 1300

Address

San Diego, CA 92108

City/State and Zip Code

greg.gerkin@mcmcg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Gerkin

Name of Contact Person

858 874-2642

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	inge is submitted for	s 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this a corporation organized under the laws of the State of Delaware ered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Mid	land Funding NCC-2 Corporation 1 Camino Del Rio North, Suite 103, San Diego, CA 920)18
3. The mailing a	iddress (if different):		
4. Date of incorp	poration/qualification	Document number: F08000001620	
5. The name and	d street address of the	current registered agent and registered office on file with the signed, enter resigned)	
	CORPORATION	ON SERVICE COMPANY	
	1201 HAYS S	TREET	
	TALLAHASSE	E, FL 32301-2525	
6. The name and (if changed):	d street address of the	new registered agent (if changed) and /or registered office	
	Midland Credit Mar	agement, Inc. c/o Canon Business Process Services	
	8875 Hidden F	River Parkway, Suite 100	
	Tampa, FL 33	P O Box NOT acceptable	
The street addre	ess of its registered c be identical.	ffice and the street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by reso le board, or the corp	lution duly adopted by its board of directors or by an officer so bration has been notified in writing of the change.	
Signard	re of an officer or director	Gregory Gerkin Asit Secret	7
I further agrée (nerformance of	to comply with the pair my duties, and I am	legistered agent and agree to act in this capacity. Populations of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	
	The IT Letter of Registered Agent	7/14/15	
	half of an entity:		
Mat	+ J GOLA VI //c		
		* * * FILING FEE: \$35.00 * * *	
M		SPAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)