FUSUUCUL31

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	- 1)

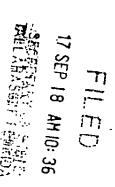
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19 10 2017



COVER LETTER

TO: Amendment Section Division of Corporations

MRC Receivables Corporation

Name of Corporation

F08000001631

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

MRC Receivables 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

•	' '	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
•	- 1	a corporation organized under the laws of the State of Delaware ered office or registered agent, or both, in the State of Florida.	_
I The name of t	 the composition: MR	C Receivables Corporation	
2. The principal	office address: 311	1 Camino Del Rio North, Suite 103, San Diego, CA	92018
3. The mailing a	ddress (if different)		
4. Date of incorp	 	Document number: F08000001631	
5. The name and	street address of the	current registered agent and registered office on file with the signed, enter resigned)	
	CORPORATION	N SERVICE COMPANY	
	1201 HAYS S	TREET	
	TALLAHASSE	E, FL 32301-2525	
6. The name and (if changed):	i street address of the	new registered agent (if changed) and /or registered office	17 0
	Midland Credit Man	lagement, Inc. c/o Canon Business Process Services	T G
	8875 Hidden F	River Parkway, Suite 100 — — — — — — — — — — — — — — — — — —	—
	Tampa, FL 336	PO Box NOT acceptable	5 0
The street addre as changed will	ess of its registered o be identical.	ffice and the street address of the business office of its registered a	gent.
Such change wa authorized by th	as authorized by resone board or the corp	dution duly adopted by its board of directors or by an officer so diation has been notified in writing of the change.	
Memily	fe of an officer or director	Gregory Gerkin Ass't Secre	- Juny
l further ag rée i performance of agent. Or, if thi	to comply with the pr my duties, and I am is document is being	legistered agent and agree to act in this capacity, roysistons 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.	l
N VIII)	A There	9/14/17	
~	rlature of Registered Agent	j Dayê	_
	half of an entity:		
1. (a. ()	yped or Printed Name		
		* * FILING FEE: \$35.00 * * *	
M		(SPAYABLE TO FLORIDA DEPARTMENT OF STATE GORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)