## F100000002615

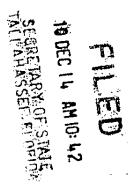
1			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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12/14/10--01010--009 \*\*35.00



PA Change 12/20/10 De



December 7, 2010

## **VIA REGULAR MAIL**

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

Re: MB & W Consumer Collections, inc.

Dear Sir or Madam:

Enclosed are one original and one copy of the forms necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fee.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at <a href="mailto:lightholder@nrai.com">lightholder@nrai.com</a> or at the number listed below.

Thank you.

Best Regards,

L**a**ura L. Lightholder

enclosures

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Ohlo egistered agent, or both, in the State of Florida.	
1. The name of the corporation:			
	office address:		
26000 Car	nnon Road, Cleveland, OH 44146		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 06/07/2010	Document number: F1000002615	
5. The name an		red agent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road	20 B	
	Plantation, FL 33324	A T	
6. The name an (if changed):		agent (if changed) and /or registered office	
	NRAI Services, Inc.	5.	
	2731 Executive Park Dri	ve, oute 4	
	Weston, FL 33331	RADIC)	
The street addr as changed wil	ess of its registered office and the stall be identical.	reet address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.	
(Signal	nure of an officer or direction	Stephen Wolff, Secretary (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is be		at and agree to act in this capacity.  statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address I hereby confirm that the	
		12/10/2010	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	htholder, 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 (8/05)