Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

NATIONAL CREDIT AUDIT CORPORATION

Certificate of Status	0
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11/6/2008

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

Pursuant to the	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1308, Florida Statute	ss, this
	hange is submitted for a corporation organized under the laws of the State of <u>Illinois</u> der to change its registered office or registered agent, or both; in the State of Florida	
	of the corporation: National Credit Audit Corporation	
	al office address: 1000 Alderman Drive, Drop 71-N, Alpharetta, GA 30005	
z. the principal	al Office and exc.	
3. The mailing a	address (if different):	
4. Date of incorp	prporation/qualification: 12/30/1997 Document number:	***************************************
5. The name and Florida Depar	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301-2525	TAY DE
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	SECILETAR TALLAHASS
	C T Corporation System	me :
	c/o C T Corporation System, 1200 South Pine Island Road	n
	(P.O. Box NOT acceptable)	'SE
	Plantation, Florida 33324	<u>ā</u> m
The street address changed will	ress of its registered office and the street address of the business office of its registered.	stered agent,
Such change was	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
12	Rence P. Simonton, Vice Presidence of Since of S	lent
	ture of an officer of director) If the appointment as registered agent and agree to act in this capacity, it the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address, I hereby contast been notified in writing of this change.	performance it. Or, if this firm that the
	C T Corporation System	
By: Balker	(Date)	
If signing on be	ehalf of an entity:	
	A. Widdoes, Assistant Secretary	
(T	(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

FL036 - 10/06/2006 C T System Online

CR2E045 (8/05)