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COVER LETTER

то:		istration Section sion of Corporations		· ·
SUBJE	ECT:	Naples Credit Services, LLC		
		Name of L	imited Lia	bility Company
Dear Si	ir or N	√ladam:		
The end	closed	I Registered Agent/Registered Office Cha	ange and fo	ee(s) are submitted for filing.
Please	returi	all correspondence concerning this matte	er to the fo	llowing:
Jennife	r Schn	nidt		
		Name of Person		_
Quarles	8 & Br	ady, LLP		
		Firm/Company		_
411 E. '	Wisco	ensin Avenue, Suite 2400		
_		Address		_
Milwau	ikee, V	VI 53202		
		City/State and Zip Code		_
jennifer	schm	iidt@quarles.com		
E	-mail	address: (to be used for future annual rep	ort notifica	ation)
For furt	ther i	nformation concerning this matter, please	call:	
Jennifer	r Schn	nidt at (414	277-5414
		Name of Person	· · · ·	Area Code & Daytime Telephone Number
	Reg Divi P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enc	losed is a check for the following amou	nt:	
	= \$:	25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18	3 (2/14	.)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)			(b)		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()	Mailing address of limited liability company (Note; MAY BE POST OFFICE BOX)	
	75 Vineyards Blvd, 4th Floor		75 N	Vineyards Blvd, 4th Floor	
	Naples, FL 34119		Nap	ples, FL 34119	
	3/19/2009		1.0900	000027957	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)					
7. (a)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept.	t. of State:	
	Quarles & Brady		·		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u></u>		
	1395 Panther Lane, Suite 300	·			
	Naples,	34109		TALLAHASSEE.F	- :
	,	1-2 <u></u>	-		<u>.</u>
(b)				SS & L	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	mg 7	i
	Registered Agent Solutions, Inc.			TALLAHASSEE, FLORID	ائس.
	NEW Registered Office Address:				
	2894 Remington Green Lane, Suite A	 			
	Tallahassee	:L 32308			
e al le			-		
:hange igent v vas/we	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registe liability s of the I	red offi compan mited li	Tice and the business office of the registered my, it is hereby confirmed that the change(s liability company or as otherwise provided	i)
hilip	E. Kaeferle	P	ilipp E.	E. Kaeferle, Authorized Representative	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
provisi he obl o mere totified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple, igations of my position as registered agent as provic ily reflect a change in the registered office address, I in writing of this change.	gree to a le perfor led for in I hereby	ct in thi nance o Chapte confirm	his capacity. I further agree to comply with of my duties, and I am familiar with and ac uer 605, F.S. Or, if this document is being f m that the limited liability company has bee	the cep îlea n
	am Saldana				
Signatu	re of Registered Agent				