## M03000003612

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



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M03-3612



March 1, 2005

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Trací Smíth Corporate Specialist

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

Pursuant to the provisions ( liability company submits the agent, or both, in the State of	of sections 608.416 or 608.508, Florida Statutes, the undersigned limited he following statement in order to change its registered office or registered f Florida.	i
1. The name of the limited li	iability company is: Quantum Settlement Services, LLC	
2. The mailing address of the	e limited liability company is : 7500 W. Jefferson Blvd., Fort Wayne, Indiana 46804	
October 28, 2003	M0300003612	
3. Date of filing/registration	in Florida 4. Document number	
5. The name of the registered Florida Department of Stat	agent and the registered office address as shown on the records of the te:	
<u>C1</u>	T Corporation System	
	Name	
_120	00 South Pine Island Road Address	
Pla	antation, Florida 33324	
	City, State and Zip	
6. The name and address of the	he new registered agent and/or office:	
<u>NR</u>	Al Services, Inc.	
	Name	
<del></del>	E. Park Avenue	
FI	lorida street address (P.O. Box NOT acceptable)	
Tall	lahasse FL 32301	
	City, State and Zip	
confirmed that after the chang and the business office of the	ny is not organized under the laws of the State of Florida, it is hereby see or changes are made, the Florida street address of the registered office registered agent will be identical. Or, in the case of a Florida Ifmited confirmed that the change(s) was/were authorized by an affirmative vote of ability company or as otherwise provided in the articles of organization or elimited liability company.	بينيد م ا المنبيدي
(Signature of Colember or authorized re	epresentative of a member)	5
(Printed or typed name of signee)	<u>t</u> = 22 = 2	*
I hereby accept the appointme comply with the provisions of and I am familiar with and accepter 608, F.S. Or, if this address, I hereby confirm that	ent as registered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of my duties, cept the obligations of my position as registered agent as provided for in document is being filed to merely reflect a change in the registered office the limited liability company has been notified in writing of this change.	
(Signature of Registered Agent)	Company D.O. Bare (227 Wells Law EW 2221)	
Division of	Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)