

M08000000734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

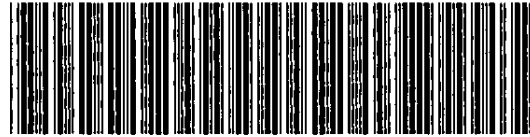
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/07/12--01008--013 **25.00

2012 AUG - 7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

AUG - 8 2012

EXAMINER



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

Corporate Filing Transmittal Form

| | | | |
|-----------------|-----------------------------------|--------------|-------------|
| To: | Florida - Division of Corporation | From: | Ryan Black |
| Order #: | IL20123562 | Date: | Aug 1, 2012 |

| | |
|--------------------------------------|------------------|
| Target Name | Dom Juris |
| Professional Placement Services, LLC | WI |

Attached for filing, please find the following:

Statement of Change of Registered Agent


Type of Service:

| | | | |
|-----------------------------------|----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Same Day | <input type="checkbox"/> 24 Hour | <input checked="" type="checkbox"/> Routine | <input type="checkbox"/> Other: |
|-----------------------------------|----------------------------------|---|---------------------------------|

Please return the original evidence to the following:

| |
|---|
| Ryan Black NRAI Corporate Services, Inc. 200 West Adams Street, Suite 2007 Chicago, IL 60606 |
|---|

Special Instructions/Notes:

| |
|---|
| Hello, Please find attached the necessary documents to change the registered agent, along with the necessary fees. Please file accordingly, and if you have any questions, please don't hesitate to contact me. Once filed, please return in the self-addressed stamped envelope provided. Thanks,  Ryan Black 1-800-934-2556 |
|---|

Please Send Via:

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Email: rblack@nrai.com | <input type="checkbox"/> Fax: (312) 346-3607 | <input type="checkbox"/> FedEx: Acct # 2218-5555-8 | <input checked="" type="checkbox"/> Mail |
|--|---|---|--|

Please contact us at (800) 934-2556 with any questions, problems or delays. Thank you for your assistance!

2012 AUG - 7 AM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: Professional Placement Services, LLC d/b/a PPS Collection Services Division, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

272 N. 12th Street
Milwaukee, WI 53233

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

272 N. 12th Street
Milwaukee, WI 53233

2/11/2008

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Craig G. Johnson, Managing Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Ryan Black, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00