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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 420591 7778499

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 18, 2010

ORDER TIME : 3:42 PM

ORDER NO. : 420591-008

CUSTOMER NO: 7778499

CHANGE OF AGENT

NAME: NQUEUE BILLBACK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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: NQUEUE BILLBACK, LLC			
 (a) Principal office address of limited liability comparation (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 		(Note: MUST BE STREET ADDRESS)	Suite 105 2 9	
			Tempe, AZ.85284	
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3	
1	1/02	2/2009	M09000004347	
3.	Dat	e of filing/registration in Florida	Document number	
5. (a) Registered Agent and Registered Office shown of		Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:	
		Registered Agent:	CT Corporation System	
		Registered Office Address:	1200 South Pine Island Rd Plantation FL 33324	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		-	Corporation Service Company	
		NEW Registered Agent:	Corporation Service Company	
			1201 Hays Street	
		MUSI BE FLURIDA STREET ADDRESS	Tallahassee ,FL 32301	
tha off her lia lin	at affice of reby bilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of the interpretative of a member or authorized representative of a member)	address of the registered office and the business	
B	lanc	a Lozada	•	
•		or typed name of signee) by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- siliar with and accept the obligations of my position of this document is being filed to merely reflect a cl that the limited liability company has been notified orporation Service Company	ree to act in this capacity. I further agree to per and complete performance of my auties, and I is registered agent as provided for in Chapter 608, in writing of this change	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00