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SEGRETARY OF STATE TALLAHASSES, FLORIOA

NOV 1 8 2016 S. YOUNG

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 371949 7391888

AUTHORIZATION : Machine Machin

NAME: RECEIVABLES OUTSOURCING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations			
Receivables Outsourcing, LLC			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
Valerie Hayes			
Name of Person			
The ROI Companies			
Firm/Company			
1920 Greenspring Drive, Suite 200			
Address			
Timonium, MD 21093			
City/State and Zip Code			
vhayes@theroi.com			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, please	se call:		
Valerie Hayes	443 632-0452		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amo	ount:		
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy		

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INHS18 (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.

1.	Na	me of the limited liability company: Receivables Outs	sourcing	, LLC		
2.	(a)	1920 Greenspring Drive, Suite 200	(b)	1920 Gr	eenspring Drive, Suite 200	
	()	Principal office address of limited liability company:	- (lailing address of limited liability compar	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	•
		Timonium, MD 21093	-	Timonium	, MD 21093	
			-		***************************************	
		07/02/2015		M1500000	D5213	
3.		Date of filing/registration in Florida	4.]	Document number	
5	(a)	C T CORPORATION SYSTEM				
۶.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	:	
		1200 SOUTH PINE ISLAND ROAD			क	<u>,</u> ≥8
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					XOV	
						<u>ب</u> حوز
					<u></u>	
		PLANTATION ,FL	33324		<u> </u>	ے س
					ç	٠,
	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ado	iress:	•	5
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee , FL_	32301			
1f	the l	imited liability company is not organized under the law.	s of the	State of Flo	orida it is hereby confirmed that a	fter
th	e cha	inge or changes are made, the Florida street address of t	he regis	stered office	and the business office of the reg	gistered
ag	gent v as/w	vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of	bility co `the lim	mpany, it is ited liability	s hereby confirmed that the chang v company or as otherwise provid	e(s) ed in
th	e arti	cles of organization or the operating agreement of the l	imited 1	iability com	pany.	
		(an wal & Much		CHRIST	Printed or typed name of signee	
	Signa	ture of a member of authorized representative of a member			Printed or typed name of signee	
I n	here	by accept the appointment as registered agent and agre	e to act	in this capa	acity. I further agree to comply w	ith the
t)	e obi	ingutions of my position as registered agent as provided	for in C	Chapter 605	F.S. Or, if this document is being the limited liability company has	ig filed
n	otifie	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete r ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	cieny ce	Melissa	Zender	00011
_		Mitte	į		President	
Ş	ignatu	re of Registered Agent Corporation Service Company	BY:			