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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Division of C			•
SUBJECT:	15 CREDIT AG	CORP.	<u>. </u>
		_	
DOCUMENT NUM	BER: P08000	083672	
The enclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are s	ubmitted for filing.
Please return all corre	espondence concerning this matte	er to the following:	
	GATTINGER Name of Co	ANDRES	
	Name of Co	ontact Person	
_	US CREDIT AG	CORP.	,
	rimi/C	ompany	
_	6355 NW 30	STREET	# 609
,	Add	iress	
· · · · · · · · · · · · · · · · · · ·	Miami Fo	33166	
	City/State a	ina Zip Code	
	andres @ CR	EDITCPR.	CoM
E	-mail address: (to be used for	future annual report	notification)
For further information	on concerning this matter, please	call:	
ANDRES	GATTINGER	at (305)	8713400, x200 Daytime Telephone Number
	of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.	
	Mailing Address:	Street Ade	
	Amendment Section	*	ent Section of Corporations
	Division of Corporations P.O. Box 6327	Clifton B	-

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: US CREDIT AG CORP.
2. The principal office address: 6355 NW 36th STREET, Suite 609
Miami, FL 33166 3. The mailing address (if different): 5/2
4. Date of incorporation/qualification: 08/03/2007 Document number: P08 00 00 83 67.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
GATTINGER, ANDRES (resigning)
GATTINGER, ANDRES (resigning) 6365 NW 36th STREET, Suite 609
6365 NW 36 STREET, SuITE 609 E 35 MIAMI, FL 33166
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): OLUFSON, ERIK
OLUFSON, ERIK
s/a U355 NW 36th St. Suite 609 P.O. Box NOT acceptable
Miami, Fl 33100
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signapute of an officer or director ANDRES GATTINGER Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Erik Olufson 07/12/2010
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)