P32570

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	II III MAIL
(Business Entity Name)	
(Document Number)	1
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
Office Use Only	



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I ALL.



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 5, 2017

Order#: 772449-324

Re: NATIONWIDE CREDIT, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE | 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

•	, i	: 607.0502, 617.0502,				s, this	
statement of change is submitted for \(\)a corporation organized under the laws of the State of \(\)GA \(\) in order to change its registered office or registered agent, or both, in the State of Florida.							_
				in, in the state of	rtoriaa	r.	
1. The name of the	he corporation: NAT	ONWIDE CREDIT, II	NC.				
2. The principal	I						
	thy Rd Ste 200 Atlar	ta GA 30328-5604					
 		<u> </u>	•				
3. The mailing a	ddress (if different):	1	 				
		01/23/1991	· · · · · · · · · · · · · · · · · · ·	P3257(
·	oranon/quamication 	j		number:			
		current registered ag		ed office on file v	vith the		
Florida Depar	·	signed, enter resigned)				
	CT CORPORATION	SYSTEM			_		
	1200 S. PINE ISLA	II ND ROAD					
	PLANTATION		FL	33324	_T¥T.	233	
						3S £	70
6. The name and	street address of the	 new registered agent	(if changed) ar	id /or registered o	iffice:	適切 SEP -7	
(if changed):			-		THE STATE OF THE S	. '	!
	Corporation Service	 Company			'.¥'., ∑.	70 31	
						•	
	1201 Hays Street	P.O. Box NOT a	cceptable		_ ES [1]	37	
	Tallahassee		FL	32301			
		 	<u> </u>		_		
as changed will	be identical.	ffice and the street a					gent,
Such change wa	is authorized by reso	lution duly adopted logation has been noti	by its board of a field in writing	directors or by an of the change.	n officer	r so	
X	$\alpha \cap \alpha$	lle	Jill Cilmi, Vice				
	re of an officer or director	 		ed or typed name and	otle	 	_
I hereby accept	the appointment as i	 registered agent and	agree to act in	this capacity,	,		
I further agree i performance of	to comply with the pi mv duties, and I am	rbvisions of all statut familiar with and ac	es relative to the colligation	he proper and co tion of my position	on as re	gisterec	1
hëreby confirm	that the corporation	filed merely to reflec has been notified in	ct a change in t writing of this	he registered off change.	ice addi	ress, I	
Corporatio	n Service Compa	any 	08/31/2017				
By: 人 Mar	nature of Registered Agent	_		Date	-		
If signing on be	half of an entity:						
Grace E. Kirby,	Asst. Vice Presiden	t					
	yped or Printed Name						
		* * * FILING FEE	:: \$35.00 * * *				
	MAKE CHECK	 KS PAYABLE TO FLOR	iida Departmi	ENT OF STATE			
M	AIL TO: DIVISION OF	CORPORATIONS, P.C.), Box 6327, Ta	allahassee, FL	32314		

CR2E045 (03/12)