(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE ···
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 821567 8260965. AUTHORIZATION : 535.00
AUTHORIZATION :
COST LIMIT : \$035.00
ORDER DATE : June 19, 2023
ORDER TIME: 1:28 PM
ORDER NO. : 821567-335
CUSTOMER NO: 8260965
CHANGE OF AGENT
NAME: NATIONWIDE CREDIT, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

STATEMEN; OF GHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of se statement of change is submitte in order to change its		ed under the law.	s of the State of G	SA	<i></i>	-
1. The name of the corporation:	NATIONWIDE CREDIT, II	NC.				
2. The principal office address:	500 Virginia Drive, Suite 5	14B Ft. Washing	ton, PA 19034			_
3. The mailing address (if differ	ent): 3850 N. Causeway B	lvd, Suite 200 M	etairie, LA 70002			_
4. Date of incorporation/qualified	eation: 01/23/1991	Document no	umber: P32570			
5. The name and street address Florida Department of State:			l office on file with	1 the		
C T CORPOR	RATION SYSTEM					
1200 SOUTH	PINE ISLAND ROAD					
PLANTATION	†	FL	33324			
6. The name and street address (if changed):	of the new registered agent	(if changed) and	/or registered offic	ze		
Corporation S	ervice Company			SE	2023	
1201 Hays St	reet				2023 JUL -7	``;~
		NOT acceptable	·	3.5		
Tallahassee		FL	32301		70	
The street address of its registe as changed will be identical.	red office and the street a	ddress of the bus	iness office of its	registere		1
Such change was authorized be authorized by the board, or the	resolution duly adopted corporation has been noti	by its board of di fied in writing of	rectors or by an of the change.	fficer so		
Xie & ac	mi	JILL CILMI, VICE	E PRESIDENT			
I hereby accept the appointme. I further agree to comply with of my duties, and I am familian document is being filed merely corporation has been notified			d or typed name and title his capacity, proper and comp tion as registered address, I hereby		forman Or, if th that th	ice lis he
Corporation Service Co	mpany					
Signature of Registered		06/29/2023	Date			-
if signing on behalf of an entit	y:					
GRACE E. KIRBY, ASST. VICI	PRESIDENT					
Typed or Printed Nam						
	\bullet \bullet \bullet \bullet DH 1800 DDE					

* * * FILING FEE: \$35.00 * * *