

Filing Fee: \$20.00

ID Number: 000154486



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-10-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:

COLLATERAL RECOVERY & INVESTIGATION SPECIALIST, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

10 BENSON AVE RUMFORD RI 02916

3. The NEW address of the resident agent is:

500 WATERMAN AVE SUITE 308 EAST PROVIDENCE RI 02914

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

FRANK F 1220 SR

5. The name of the NEW resident agent is:

FRANK F 1220 JR

6. The appointment of a new resident agent and the change of address of the resident agent on the above may be what date is effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 10-29-08

COLLATERAL RECOVERY & INVESTIGATION SPECIALIST
Print Name of Limited Liability Company

[Signature]
Signature of Authorized Person

11:34

FILED

OCT 29 2008

By

[Signature] 71875

FILED
OCT 29 2008
PROVIDENCE, RI