Filing Fee: \$20.00 ID Number: 193550



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

NOV 16 ASTI: 12

Pursuant to the provisions of Section 7-16-11 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:		
RECEIVABLE RECOVERY SERVICES, LLC			
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary o State is:		
	155 SOUTH MAIN STREET, SUITE 301	PROVIDENCE	RI 02903
3.	. The NEW address of the resident agent is:		
	222 Jefferson Boule	vard, Warwick RI	02888
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
CT CORPORATION SYSTEM			
5.	The name of the NEW resident agent is:		
National Corporate Research, Ltd.			
6.	 The appointment of a new resident agent and the change of address of the resident agent, as the case may be, st become effective upon the filing of this statement. 		
		Under penalty of perjury, contained herein is true and c	I declare that the information orrect.
Date: 10/21/01		RECEIVABLE RECOVERY SERVICES, LLC	
		Print Name of Limi	ted Liability Company
	FILED	Signature of A	Jaszine mangy mensse. Authorized Person
	NOV 1 6 2009	· ·	
	By 103858		
	orm No. 642 evised: 12/05		