F04000007538

(Requestor's Name)	····			
	Address)				
(Address)				
(Address)				
((City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
	··				





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DEC 1 6 2015

C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 10, 2015

Order#: 890917-005

Re: PROFESSIONAL FINANCE COMPANY, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

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

statement of ch	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of tor registered agent, or both, in the State of I	СО	this 	
1. The name of	the corporation: PROFESSION	AL FINANCE COMPANY, INC.			<u></u>
2. The principa	l office address: 5754 W. 11th S	St., Ste. 100, Greeley, CO 80634			
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 12/05/20	006 Document number: F060000	007538		
	nd street address of the current reartment of State: (If resigned, ent	egistered agent and registered office on file water resigned)	ith the		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL 33324		<u></u> -	AIG.
6. The name ar (if changed):	9	stered agent (if changed) and /or registered of	ffice	15 DEC 14	BIVICATION OF LOSS AND A
	Corporation Service Compan	у	-	蓝	
	1201 Hays Street		_	1	į. 1
	P. Tallahassee	O. Box NOT acceptable FL 32301		56	
-		the street address of the business office of it y adopted by its board of directors or by an is been notified in writing of the change.			ent,
authorized by	the board, or the corporation ha	S been notified in writing of the change. Dona Priebe		Preside	nt
— Signa	ture of an officer or director	Printed or typed name and til			_
I further agree performance of agent. Or, if the hereby confirm	e to comply with the provisions of If my duties, and I am familiar v his document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and con with and accept the obligation of my positio, ely to reflect a change in the registered offic notified in writing of this change.	n as regis	stered is, I	
	a Cotubi	12/09/2015			_
If signing on b	ehalf of an entity:	17410			
Grace E. Kirby	y, Assistant Vice President				
	Typed or Printed Name	_			

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