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To:

Division of Corporations

Fax Number

· (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE FI FINANCE CORPORATION

Certificate of Status Certified Copy 0 03 Page Count \$35.00 Estimated Charge

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5-26-1 1Brown

5/26/2011

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJECT:		FI FINANCE CORPOR	ATION				
		Name of Corp	oration				
poct	JMENT NUMBER:						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Name of Contact Person						
	Firm/Company						
	Address						
	City/State and Zip Code						
		mjuskiewicz@firstind					
	E-mail address	s: (to be used for futur	e annual report notification)				
For furt	her information concerning	this matter, please call:					
		at	()				
	Name of Contact Pe	rson	Area Code & Daytime Telephone Number				
Enclose	d is a \$35.00 check made pa	yable to the Departmen	of State.				
	<u>Mailing Ad</u> Amendmer	dress: 11 Section	Street Address: Amendment Section				
	Division of	f Corporations	Division of Corporations				
	P.O. Box 6	- -	Cliffon Building				
	iallahasso	e, FL 32314	2661 Executive Center Circle				

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

statement of a	change is submitted fo	r a corporation organiz	sed under the laws of the State of Mai	yland			
-	- -		ed agent, or both, in the State of Flor ION	raa.			
1. The name	of the corporation:	FINANCE CORPORATI	OVERT TOOK OF IT COCK				
2. The princip	2. The principal office address: 311 SOUTH WACKER DR., SUITE 3900 CHICAGO IL 60606						
3. The mailin	g address (if different)						
4. Date of inc	orporation/qualification	on: 08/21/2008	Document number: F0	8000003687			
5. The name a	and street address of th		ent and registered office on file with the	he			
	CORPORATION S	ERVICE COMPANY					
	1201 HAYS STREE	er					
	Tallahassee F	L 32301 US		2011 SE TAL			
б. The пате а (if changed)		e new registered agant	(if changed) and for registered office	I MAY 26 FM ECRETARY OF LLAHASSEE.F			
	C T Corporation Sys	stem		SEE RYC			
	c/o C T Corporation	System, 1200 South Pin	ic Island Road	2.0			
		P.O. Box NO1' a	rceptable	LORI			
	Plantation, Plorida 3	3324		500			
The street add is changed wi	lress of its registered o	office and the street ad	ldress of the business office of its re	gistered agent,			
Such change v	was authorized by res the board, or the con	olution duly adopted b poration has been notif	by its bourd of directors or by an offi fied in writing of the change.	icer so			
ي ي	AU		Katie Markowski, Secretar	ry			
_	ture of an officer or director		Printed or typed name and little				
hereby acces further agree of my duties, a lacioment is be corporation he	ot the appointment as to coniply with the p and I am familiar with eing filed merely to re us been notified in wr	registered agent and a provisions of all statute and accept the obliga- effect a change in the s using of this change.	agree to act in this capacity, es relative to the proper and comple atton of my position as registered ag registered office address, I hereby co	ts performance tent. Or, if this onfirm that the			
_ ci	Corporation System	DIL	5/25/2011				
\$	ignature of Registered Agent		Dalo				
f signing on b	chalf of an entity:	Kristin Bold Assistant Sec					
	Kristin Bolden	Assistant Sect	oral &				
	Typed or Printed Name			•			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)