

M04 000003948

(Requestor's Name)

(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:

Office Use Only

G. MCLEOD
JUN 29 2011
EXAMINER



600209358336

06/28/11--01034--007 **75.00

FILED
JUN 28 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ALLIED CASH HOLDINGS LLC

VIA FEDEX 416907715002824

June 24, 2011

State of Florida
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Change of Address
-Allied Cash Holdings, LLC
-Allied Cash Advance Florida, LLC
-Allied Cash Advance Florida, II LLC

To Whom It May Concern:

Attached please find the Change of Registered office forms for our 3 Florida entities referenced above. Also enclosed please find a check in the amount of \$75.00 payable to the Division of Corporations.

Feel free to contact me if you have any questions and/or need any additional information.

Best Regards,

Maria Tran
General Counsel
7955 NW 12 ST, Suite 300
Miami, Florida 33126
(305) 722-0018 Office
(305) 369-1698 Fax
Maria.Tran@alliedcashadvance.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Allied Cash Holdings, LLC

2. (a) Principal office address of limited liability company: 7955 NW 12 ST

(Note: MUST BE STREET ADDRESS)

Suite 300
Miami, FL 33126

(b) Mailing address of limited liability company: 7955 NW 12 ST

(Note: MAY BE POST OFFICE BOX)

Suite 300
Miami, FL 33126

9-23-04
3. Date of filing/registration in Florida

M04000003948
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: _____

Registered Office Address: _____

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: _____

(MUST BE FLORIDA STREET ADDRESS)
_____, FL _____

FILED
 JUN 28 PM 1:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Maria Tran

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00