F1400000455/

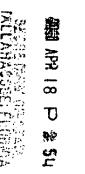
(Reques	tor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to Filing	Officer:		





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APR 1 9 2018 T. LEASELIX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 16, 2018

Order#: 150677-052

Re: AXCESS FINANCIAL CREDIT, 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: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive 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 cha	inge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Stat. ution organized under the laws of the State of <mark>OH</mark> e or registered agent, or both, in the State of Flor	
1. The name of t	the corporation: AXCESS FINA	ANCIAL CREDIT, INC.	
	office address:omery Rd, Cincinnati OH 4523	36	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 10/23/2	Document number: F140000045	551
	d street address of the current re timent of State: (If resigned, en	egistered agent and registered office on file with t iter resigned)	he
	C T Corporation System		
	1200 South Pine Island Road	J	
	Plantation	FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered of the			
	Corporation Service Compan 1201 Hays Street		U E
	E		
	Tallahassee	FL 32301	
The street addre	ess of its registered office and be identical.	the street address of the business office of its reg	gistered agent,
Such change wa authorized by th	_	ly adopted by its board of directors or by an office is been notified in writing of the change.	cer so
Xie	2 agrici	Jill Cilmi Vi	ice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	my dulies, and I am familiar v	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complet with and accept the obligation of my position as ely to reflect a change in the registered office ad notified in writing of this change.	registered
By: Waset	Kuby nature of Registered Agent	04/16/2018	
		Date	
It signing on bel	half of an entity:		
	Asst. Vice President		
11	/ped or Printed Name		

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