Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

BUCKEYE CHECK CASHING OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, itted for a corporation organized under the laws of the State ofOhio	this statement of in order
	gistered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Buckeye Check Cashing of Florida, Inc.	
2. The principal	office address; 5720 Avery Road, Dublin, Ohio 43016	
3. The mailing	address (if different):	-
4. Date of incor	poration/qualification: 5/16/2000 Document number F00000002847	
	d street address of the current registered agent and registered office on file with the riment of State:	
	James H. Frauenberg	_
	1916 Gulf-to-Bay Road	15 P
	Clearwater, Plorida 33765	過气で
6. The name and (if changed):	is street address of the new registered agent (if changed) and /or registered office	SECRETISE E. FLORE
	Corporation Service Company	- For O
	1201 Hays Street	
	(P.O. Box or personal mailbox NOT acceptable)	_
	Tallahassee, FL 32301	- -
	ess of its registered office and the street address of the business office of its register identical.	
Such change with board, or the	as authorized by resolution duly adopted by its board of directors or by an officer a e corporation has been notified in writing of the change.	o authorized by
	James H. Frauenberg, Pro	
I harely accept I further egree duties, and I an being filed mer been notified in	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per a familiar with and accept the obligation of my position as registered agent. Or, if ely to reflect a change in the registered office address, I hereby confirm that the coveriting of this change.	formance of my this document is rporation has
Corporation	Service Company (Aid 10 Shiffer) 7/6/04 (Signature of Registered Agent) (Date)	
If signing on be	half of an entity: Deborah D. Skipper Asst, V. Pres.	·-
	(Typed at Printed Name) (Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314