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REGISTERED AGENT CHANGE

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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, Flo		tes,
this statement of change is submitted for a corporation organized under the laws of the States and the states are in order to change its registered office or registered agent, or bot		tare
of Florida.		<u></u>
1. The name of the corporation: FCC Acceptance Corp.	<u> </u>	
2. The principal office address: 12740 Hillorest Road Suite 240 Dalias, TX 75230	SS	ယ်
		<u>-p</u>
3. The mailing address (if different):	FLO	+.
	ATI	30
4. Date of incorporation/qualification: April 9, 2003 Document number: F03000	001769	
5. The name and street address of the current registered agent and registered office on file Florida Department of State: LEXISNEXIS DOCUMENT SOLUTIONS INC.	with the	
1201 Hays Street		
Tallahassee, FL 32301		
6. The name and street address of the new registered agent (if changed) and /or regist changed):	ered office	: (if
C T Corporation System		
c/o C T Corporation System		
(F.O. Box or personal mailbox NOT acceptable)		
1200 South Pine Island Road, Plantation, Florida 33324		
The street address of its registered office and the street address of the business office of agent, as changed will be identical.	its register	ed
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	n officer so)
Open aure of an other, chauman or vice thatman or the board) (Printed or typed name and true)		
hereby accept the appointment as registered agent and agree to act in this capacity, faither agree to comply with the provisions of all statutes relative to the proper and coverformance of my duties, and I am familiar with and accept the obligation of my positive existered agent. Or, if this document is being filed merely to reflect a change in the resultine address, I hereby confirm that the corporation has been notified in writing of this CT Corporation System	mplete on as sistered change.	
3y: 23/d		
(Signature of Registered Agent) (Date)		
f signing on behalf of an entity: Terri Atteberry		
TERE: ATTESEES Assistant Secretary (Typed or Printed Name) (Capacity)		
* * * FILING FEE: \$35.00 * * *		

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