Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

## SOUTHERN SPECIALTY FINANCE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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| Page Count            | 02      |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this<br>nge is submitted for a corporation organized under the laws of the State of OHIO<br>r to change its registered office or registered agent, or both, in the State of Florida.  |
|--|---|
| 1. The name of i   | he corporation: SOUTHERN SPECIALTY FINANCE, INC.  |
| 2. The mineinal  | office address: 3155 FINANCIAL WAY, MASON OH 45040  |
|  |   |
| 3 The mailing a  | ddress (if different): SAME AS ABOVE  |
| J. 242 G.  |   |
| 4. Date of incor   | poration/qualification: 05/03/2005 Document number: F05000002743  |
|  | street address of the current registered agent and registered office on file with the timent of State:  |
|  | NRAI SERVICES, INC.   |
|  | 2731 EXECUTIVE PARK DRIVE, STE. 4   |
|  | WESTON FL 33331   |
| 6. The name and (if changed):  | NRAI SERVICES, INC.  2731 EXECUTIVE PARK DRIVE, STE. 4  WESTON FL 33331  I street address of the new registered agent (if changed) and /or registered office  C T Corporation System  |
|  | c/o C T Corporation System, 1200 South Pine Island Road   |
|  | (P.O. Box NOT scorptable)   |
|  | Plantation, Florida 33324   |
| _  | ess of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change was authorized by the  | as authorized by resolution duly adopted by its board of directors or by an officer so<br>he board, or the corporation has been notified in writing of the change.  |
| W (Signal)   | S DULL DELONG SECRETARY   |
| I hereby accept I further agree of my duties, ar document is bel corporation has | the appointment as registered agent and agree to act in this capacity,<br>to comply with the provisions of all statutes relative to the proper and complete performance<br>at I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>ne filed merely to reflect a change in the registered office address, I hereby confirm that the<br>been notified in writing of this change. |
| By: (3)  | CT Corporation System  LL Reace d 5/3/100  mature of Registered Agent)  (Date)  |
| If signing on be   | half of an entity:  |
| Carol (  | Record (Spod or Printed Name)   |
|  | * * * FILING FEE: \$35.00 * * *   |
| M  | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  |

FL006 - 09/14/2005 C T System Calino

CR2E045 (8/05)