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Division of Corporations

Fax Number

(850)617-6380

From:

Account Name : C T CORPORATION S'(STEM

Account Number : FCA0000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

REGISTERED AGENT CHANGE AMERICREDIT CONSUMER LOAN COMPANY, INC.

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## COVER LETTER.

Division of Co	rporations .		
SUBJECT:	AmeriCredit Consumer Loan Company, Inc.		
	Name of	Corporation	
DOCUMENT NUMB	ER:F	05000006408	
The enclosed Statemen	t of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
<u></u>	Name of C	ontact Person	
	С Т Согра	ration System	
	Firm/C	Company	
	1200 South F	ine Island Road	
- Myrade and	Ad	dress	
	Plantation,	Florida 33324	
	City/State	and Zip Code	
	Alicia.Richeson(	gamericredit.com	
E-n	nail address: (to be used for	future annual report notification)	
For further information	concerning this matter, please	call:	
Name o	f Contact Person	at ( ) Area : ode & Daytime Telephone Numbe	
Enclosed is a \$35.00 ch	eck made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section	Street Address: A tendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2651 Executive Center Circle	
	1 COC 0.1 (ASSESSMEND 1	Tellahrena El 22201	

CR2E045 (\$/05)

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

statement of a	change is submitted for a co	orporation organiz	607.1508, A 617.1508, Flor ed under W.: laws of the State ed agent, o• both, in the State	e of Nevada
	of the corporation: AmeriCr			
	pal office address: 801 Cher			
3. The mailin	g addross (if different):			
4. Date of inc	orporation/qualification:	10/28/2005	Docum eni number:	F05000006408
5. The name a Florida Dep	and street address of the cur partment of State: (If resign	rent registered age ed, enter resigned)	nt and registered office on fil	e with the
	Corporation Service Con	npany	<u> </u>	
	1201 Hays Street			
	Tallahassec, FL 32301			
6. The name a (if changed)		v rogisterod agout (	if changed) and for registered	loffice En
	C T Corporation System			
	c/o C T Corporation Syste	em, 1200 South Pin	e Island Read	797 (#7 GH) 481(48)
		P.O. Box NOT a	cooptable	TO A STATE OF THE
	Plantation, Florida 33324		·	
Such change i	was authorized by resoluti	oo duly adopted b	dress of the business office y its board of directors or b and in writing of the change	v an officer so
			Jaimie Voss, Se	•
Signs	thirth of an othoer or director	· · · · ·	Printed or typed name a	ind falls
hereby acce; further agree if my duties, a locument is b corporation h	oilthe appointment as regi a locomply with the provis mid I am familiar with and eing filed merely to reflect as been notified in writing	stered agent and a stons of all statute l accept the obliga t a change in the r of this change.	igree to a:it in this capacity. Is relative to the proper and tilon of my position as regist egistered vifice address, I h	complete performance tered agent. Or, if this creby confirm that the
By: A LATA	I Corporation System  L. L. O. L.  Ighanus of Registered Agent	· •	Jan March	2011
f signing on t	ehalf of an entity:			
Kathry	n A. Widdoes, Asst. Secretar	у	•	•
	Typed or Printed Name	,	-	. •
	**	* FILING FEE:	\$35.00 * * *	

M 19: 35

MAKE CHECKS PAYABLE TO FLORIDA DEPAI IMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6321, TALLAPASSEE, FL 32314
CR2E045 (8/05)