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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: MONEYCORP INC. Name of Corporation
DOCUMENT NUMBER: FO6000000210
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SA: RAH WILKINSON Name of Contact Person
MCNEY CCRP INC Firm/Company
7360 W SAND LAVE ROAD, STE YOU Address
ORLAND FY 32819 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SARAH WILKINGO at (407) 352 5890 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE-CHARLE in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MONEYCORP, INC
2. The principal office address: 7380 W SAND LAKE READ, SUITE 40
ORLANDO, FL, 32819
3. The mailing address (if different):
4. Date of incorporation/qualification: U1/11/2006 Document number: F0600000210
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RESIGNED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SARAH MUKINSON
7380 W SAND LAKE ROAD P.O. Box NOT acceptable
SLITE 410, GRLANDO, FL, 32819
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name and title
Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 10/17/2013
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314