F0600000210

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filling Office				
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: December 27, 2018

Order#: 510563-002

Re: MONEYCORP INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Florida oration organized under the laws of the State of	Delaware
	-	fice or registered agent, or both, in the State of	Florida.
L. The name of	the corporation: MONEYCO	RP INC.	
2. The principa	l office address: 14452 Bruce	e B Downs Blvd Tampa, FL 33613	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification; 01/11	1/2006 Document number: F06000	000210
	d street address of the curren irtment of State: (If resigned,	t registered agent and registered office on file wenter resigned)	rith the
	CUTCHIN, KELLY		ڻ .
	14452 Bruce B Downs Blvd	d	٠.
	Tampa	FL 33613	
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered of	Tice =
	Corporation Service Comp	any	
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable FL 32301	
as changed will	I be identical.	and the street address of the business office of it	-
Such change was	as authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an has been notified in writing of the change.	officer so
χ	e E. agni	Jill Cilmi, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provision (my duties, and I am familia	Printed or typed name and tile sed agent and agree to act in this capacity. It is of all statutes relative to the proper and controlled accept the obligation of my position erely to reflect a change in the registered officen notified in writing of this change.	iplete i as registered
•	anature of Registered Agent	12/04/2018	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	, Asst. Vice President yped or Printed Name		

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

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