

F08000004032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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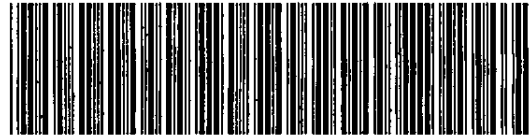
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
13 MAY -8 PM 2:29

R.A.

MAY 13 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucky Payday Advance, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000004032

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:

Phyllis R. Cuison

Name of Contact Person

Lucky Payday Advance, Inc.

Firm/Company

1028 Mission Street

Address

San Francisco, CA 94103

City/State and Zip Code

compliance@luckymoney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis R. Cuison

Name of Contact Person

415

946-6441

at ()

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

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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lucky Payday Advance, Inc.

2. The principal office address: 1028 Mission Street, San Francisco, CA 94103

3. The mailing address (if different): Same above

4. Date of incorporation/qualification: 08/31/2007 Document number: F08000004032

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) Evelynn Razon

3546 St. Johnns Bluff Road South Unit 111
Jacksonville, FL 32224

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

10916 Atlantic Boulevard Ste. 15
Jacksonville, FL 32225

P.O. Box NOT acceptable

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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]
Signature of an officer or director

Phyllis R. Cuison, CFO

Printed or typed name and title

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.

Evelynn Razon
Signature of Registered Agent

4/25/13

Date

If signing on behalf of an entity:

Evelynn Razon

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

CR2E045 (03/12)