Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000220866 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover shoct.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

REGISTERED AGENT CHANGE

CONSUMER PORTFOLIO SERVICES, INC.

Certificate of Status	Û
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/15/2009

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

Fursuant to the provisions of sections 607.0502, 617.0502, 60 statement of change is submitted for a corporation organized in order to change its registered office or registered	under the laws of the State of California	
1. The name of the corporation: Consumer Portfolio	Services, Inc.	
2. The principal office address: 19500 Jamboree Road,		
3. The mailing address (if different): PO Box 57071, Irvi	ne. CA 92619	
4. Date of incorporation/qualification: 08/31/1993	Document number: F93000003941	
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	and registered office on file with the	
Heather Case		
2605 Maitland Center Pkwy,, Suite	A Fig 28	
Maitland, FL 32751	LECA SOC .	
6. The name and street address of the new registered agent (if changed):	SEX	
CT Corporation System	F.F.S.	
1200 South Pine Island Road	STATE ORID	
Plantation, FL 33324		
The street address of its registered office and the street add as changed will be identical.	ress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified		
	Mark Creatura/Sr. VP & Sec'y	
I hereby accept the appointment as registered agent and at I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligat document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.		
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name	•	
* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (8/05)

Paragraph of Agent