F94000001906

(Request	or's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
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JUN 15 2012 T. ROBERTS



ACCOUNT NO. : I2000000195

REFERENCE :

34511 434265

AUTHORIZATION

1)

COST LIMIT : \$ 35.00

ORDER DATE: June 8, 2012

ORDER TIME : 9:24 AM

ORDER NO. : 234511-144

CUSTOMER NO: 4342651

CHANGE OF AGENT

NAME:

AMERICREDIT FINANCIAL

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of chai	•	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Delaware ed agent, or both, in the State of Florida.
	he corporation: AMERICREDIT FINA	•
2. The principal		
801 Cherry	Street, Suite 3600, Fort Worth, TX 76	6102
_		Richeson, CP, Fort Worth, TX 76102
4. Date of incorp	oration/qualification: 04/13/1994	Document number: F9400001906
5. The name and Florida Depart	street address of the current registered age ment of State:	ent and registered office on file with the
	CT Corporation System	
	1200 S. Pine Island Rd.	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	"
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre as changed will	ss of its registered office and the street ac be identical.	ldress of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.
I Jan	re of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept i I further agree to of my duties, and document is bein corporation has	the annointment as registered agent and	
By: The	A Alexander	06/13/2012
G ig	nature of Registered Agent)	(Date)
If signing on bel	nalf of an entity:	
	awson, Asst. Vice President (ped 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 * * *