F97000003407

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· (Document Number)				
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RARO Change

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CCA FINANCIAL, INC. (Name of corporation)					
DOCUMENT NUMBER: F97000003407					
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:					
Maggie Ferdinand					
(Name of person)					
Paranet Corporation Services - Affiliate of NRAI, Inc. (Name of firm/company)					
(Ivalile of Infile Company)					
3761 Venture Dr., Suite 260					
(Address)					
Duluth, GA 30024 (City/state and zip code)					
(City/state and zip code)					
For further information concerning this matter, please call:					
Maggie Ferdinand at (800) 277-9977 (Name of person) (Area code & daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

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

Pursuant to th	e provisions of sections 607.0502, 617.0502	, 607.1508, or 617.150	08, Florida Statutes	
this statement Virginia	of change is submitted for a corporation orga in order to change its registered offic	=	•	
of Florida.			<u>a</u> -	
1. The name of	f the corporation: CCA Financial, Inc.	, <u>, , , , , , , , , , , , , , , , , , </u>	3000	
2. The principa	al office address: 8080 AMF Drive, Richmond,	VA 23111 .		
 -			- 5	
3. The mailing	address (if different):	<u> </u>	Frich	
		· ·	97	
4. Date of inco	rporation/qualification:6/30/97	Document number:	F97000003407	
	nd street address of the current registered agen artment of State:	t and registered office o	on file with the	
	CT Corporation System			
	1200 South Pine Island Rd			
	Plantation, FL 33324		<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered				
changed):	NRAI Services, Inc.			
	526 E. Park Avenue			
	(P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32301			
The street addi	ress of its registered office and the street addr ged will be identical.	ess of the business off	ice of its registered	
Such change wanthorized by t	as authorized by resolution duly adopted by he board, or the corporation has been notified	its board of directors o	r by an officer so age.	
(Signature of an office	Cheryl chairman or vice chairman of the board)	K. Toy, Assistant Secret	ary ier	
I hereby accep I further agree performance o registered age office address,	t the appointment as registered agent and ag to comply with the provisions of all statutes f my duties, and I am familiar with and accep nt. Or, if this document is being filed merely I hereby confirm that the corporation has be	ree to act in this capac relative to the proper of at the obligation of my	city. and complete position as	
If signing on beha	Signature of Registered Agent)	10/30/03 (Date)		
By MAGG	E FERDINAND AS:	st. Secu.		
NRAI Services	Typed or Printed Name)	(Capac(f))		