J12548

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	12000000195	
REFERENCE :		187876	4805479

AUTHORIZATION : Smell bless

COST LIMIT : \$\sqrt{3}5.00

ORDER DATE: June 21, 2016

ORDER TIME : 3:41 PM

ORDER NO. : 187876-005

CUSTOMER NO: 4805479

CHANGE OF AGENT

NAME: JACKSONVILLE CHECKCASHERS, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: JACKSONVILLE CHECKCASHERS, INC. 2. The principal office address: 2801 W Edgewood, Jacksonville, FL 32208
3. The mailing address (if different): 423 Castle Pines Lane, Riverwoods, IL 60015
4. Date of incorporation/qualification: 05/02/1986 Document number: J12548
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)
Corporation Service Company (Resigned)
1201 Hayes St., Ste 105
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301
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.
MATIN M. B. A. D. ZOSKY GEN. COUNTY Signature of an officer ordirector W. A.T. N. M. B. A. D. ZOSKY GEN. COUNTY 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.
Signature of Registered Agent (J2111)
If signing on behalf of an entity:
Melissa Zender
Asst President
* * * FILING FEE: \$35.00 * * *
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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CAW OFFICES

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