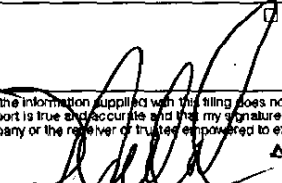


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DOCUMENT # L02000002577													
1. Entity Name AMERICAN CASH ADVANCE, LLC													
Principal Place of Business 1340 U.S. HIGHWAY ONE SUITE 102 JUPITER, FL 33469			Mailing Address 1340 U.S. HIGHWAY ONE SUITE 102 JUPITER, FL 33469										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 02-0552733									
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE. SUITE 900 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing) _____ DATE _____													
													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:70%;">MGR PICK, ROBERT M 1340 U.S. HIGHWAY ONE JUPITER, FL 33469</td></tr><tr><td colspan="2" style="text-align: right;">☐ Delete</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICK, ROBERT M 1340 U.S. HIGHWAY ONE JUPITER, FL 33469	☐ Delete		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:70%;">Change ☐ Addition ☐</td></tr><tr><td colspan="2" style="height: 40px;"></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNATURE:  ATY IN FACT OF MGR ROBERT R. ADAMS 4/14/03 (305) 416-6800													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE													