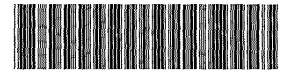
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(Re	questor's Name)	
		
(Ad	dress)	
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(riu	u1039)	
(Cit	y/State/Zip/Phone #)
F-4		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
	ounselle Humberj	
Certified Copies	Certificates of	Status
		<i>-</i> .
Special Instructions to I	Filing Officer:	
		11240
		
	Office Use Only	(1110)



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jiffy Cash of Florida, LLC	, , , , , , , , , , , , , , , , , , ,
(Name of Limited I	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	-
Please return all correspondence concerning this mat	ter to the following:
	ter to the following:
Dave Dresselv	22 15
Dara Drawdy (Name of Person)	
,	A Section of the sect
Incorp Services, Inc.	
(Firm/Company)	
3155 East Patrick Lane, Suite 1	
(Address)	
Las Vegas, NV 89120	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Dara Drawdy at (70	
(Name of Person)	(Area Code & Daytime Telephone Number)
CORRECTION DEPT.	BAATI IBIC ADDIDEC.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amou	nt:
✓\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	· ·

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or bonn, in the state of Frontial
1. The name of the limited liability company is: Jiffy Cash of Florida, LLC
2. The mailing address of the limited liability company is:
1776 YORKTOWN SUITE 800, HOUSTON TX 77056-4182
08/29/2005 M05000004807
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD Address PLANTATION FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Incorp Services
PLANTATION FL 33324 City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Incorp Services 공휴 의
Name → Name 18450 NE 2nd Ave.
Florida street address (P.O. Box NOT acceptable)
Miami _{FL} 33179
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized envesentative of a member)
Sam G. Short
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dara Drawdy for Incorp Services, Inc. (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00