

M100000004488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

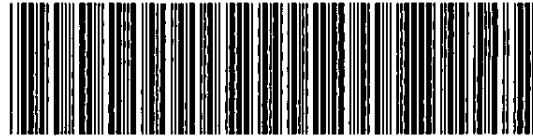
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR -2 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Access Financing, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Halfen, Licensing Specialist

Name of Person

CompuCredit Holdings Corporation

Firm/Company

P. O. Box 6721

Address

Jefferson City, MO 65109

City/State and Zip Code

Lori.Halfen@compucredit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Halfen

Name of Person

at (404)

769-1711

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Access Financing, LLC

2. This entity was formed under the laws of: Georgia

3. This entity was authorized to transact business in Florida on 2/28/2011
and its Florida document/registration number is CF990D741
M10000004488

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John J. Hogan
Five Concourse Parkway, Suite 400
Atlanta, GA 30328

MGR

Alan J. Reeves
Five Concourse Parkway, Suite 400
Atlanta, GA 30328

MGR

Brian J. Stone
Five Concourse Parkway, Suite 400
Atlanta, GA 30328

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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