M13000004956

9/23/2013 12:43:57 From: To: 8506176383 (1/3)

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____________________________

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LLC REGISTERED AGENT CHANGE
CITY TITLE LOAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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B. BOSTICK
SEP 24 2013
EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe 9/23/2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY TITLE LOAN, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

CT Corporation System
Firm/Company

1200 South Pine Island Road
Address

Plantation, Florida 33324
City/State and Zip Code

CT-Statecommunications@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Lamaruggine at (855) 316-8944
Name of Person / Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ☐ $55 Filing Fee & Certified Copy

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:

1. Name of the limited liability company: CITY TITLE LOAN, LLC

2. (a) Principal office address of limited liability company: 3431 CHERRY AVE, LONG BEACH, CA 90807
   (Note: MUST BE STREET ADDRESS)

   (b) Mailing address of limited liability company: 3431 CHERRY AVE, LONG BEACH, CA 90807
   (Note: MAY BE POST OFFICE BOX)

08/01/2013 — 3. Date of filing/registration in Florida

M13000004956 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Agent: STEPHAN P LANGE

   Registered Office Address: 7 SE 13TH STREET, FT. LAUDERDALE, FL 33316

   (b) Enter name of __NEW Registered Agent__ and/or __NEW Registered Office address__:

   __NEW__ Registered Agent: C T Corporation System

   __NEW__ Registered Office Address: 1200 South Pine Island Road, Plantation, FL 33324
   (MUST BE FLORIDA STREET ADDRESS)

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TALLAHASSEE, FLORIDA

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 representative of a member

Bettie Detwiler

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.

By: C T Corporation System

Signature of Registered Agent

Sierra Burris
Vice President & Assistant Secretary

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