X171000001712

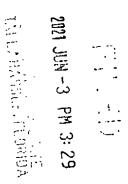
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500366442145

06/03/21--01011--001 **25.00





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 2, 2021

Order#: 833029-117

Re: CURO CREDIT, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	ame of the limited liability company:	
2. (a)		(b)(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	\ <u>\</u>	ATTN:LICENSING DEPT.
	PLANTATION, FL 33324	WICHITA, KS 67205
	02/16/2018	M18000001712
3.	Date of filing/registration in Florida	4. Document number
5. (a	NRAI SERVICES, INC.	
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	
	1200 SOUTH PINE ISLAND ROAD	모
	PLANTATION	PH 3: 29
(b)	Enter name of NEW Registered Agent and/or NEW Regist Corporation Service Company	ered Office address:
	NEW Registered Office Address:	
	1201 Hays Street	
	Tallahassee	, FL_32301
chang agent was/w the ar	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of attree of amember or authorized representative of a member set of a member as registered agent and	Jill Cilmi, Authorized Person Printed or typed name of signee Agree to act in this capacity. I further agree to comply with the
the old to med notifie	oligations of my position as registered agent as proventy reflect a change in the registered office addressed in writing of this change.	lete performance of my duties, and I am familiar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been Grace E. Kirby, Asst. Vice President