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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number: 120050000052

: (302)531-0855 Phone

Fax Number

: (866) 223-0765

REGISTERED AGENT CHANGE

INTERNATIONAL ACCEPTANCE CORPORATION

Certificate of Status	0
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(((H07000245100 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florida.	ia	_		
1. The name of the corporation: International Acceptance Corporation					
• •	office address: 255 South Orange Avenue, 6th Floor, FL 32801			<u> </u>	
3. The mailing a	address (if different): PO Box 1511, Orlando, FL 32802				
4. Date of incorp	poration/qualification: 11/15/2002 Document number: P02000123	493		<u> </u>	
	d street address of the current registered agent and registered office on file with the imment of State:				
	Laurence J Pino, Esq	_			
	255 South Orange Avenue, 6th Floor	SEC:	070	avelled.	
	Orlando, FL 32801	AHAS ATA	-	General Contractor	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY OF STATI LAHASSEE, FLORII	2 ₩		
	Incorporating Services, Ltd.	QR QR	9	O	
	1540 Gienway Drive	DE:	0,		
	Tallahassee, FL 32301				
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered ager	ıt,		
	as authorized by resolution duly adopted by its board of directors or by an officer to board, or the comporation has been notified in wriging of the change.	oa.			
62	The or seronices of directors (Principles or types name and titles)	son-	Sec	ref	
l hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete p d I am familiar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confi been notified in writing of this change.	erformar Or, if the rm that th	ce us ie		
Bur	10/2/2007 10/2/2007		_		
	painthof/Registered Agent) (Date)		-		
	half of an entity:				
Beverly O.	. Porter, Asst Secy yood or Printed Name)				

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)