## Division of

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Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

THE FINANCE COMPANY

	AM 10: 19	RPORATIONS
RECEIV	03 NOV 12	DIVISION OF CORPORATIONS

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\$35.00

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Corporate Filing

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11/12/03

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

		.0302, 807.1306, or 817.1306, Florida a	minies,
this statement of Virginia		organized under the laws of the State of d office or registered agent, or both, in th	e State
of Florida.	in order to change in regime.e.	a office or registered agein, or nome or in	io biopio
~	the corporation: The Finance Company		
	office address: 860 Greenbrier Circle, To	ower 1 Suite 500, Chesapeake, VA 23320	
z. me prencipal	· · · · · · · · · · · · · · · · · · ·		
2 The mailing o	address (if different):		
J. The manning a	ioniess (ii omeien).		9
4. Date of incorp	poration/qualification: 4/7/1987	Document number: P13967	挖
	d street address of the current registered	sagent and registered office on file with the	
	The Prentice-Hall Corpo	ration System Inc.	•
_	1201 Hays :	Street	
_	Tallahassec Fl	. 32301	
6. The name an changed):	d street address of the new registered	l agent (if changed) and /or registered of	Tice (if
changeu).	C T Corporatio	1 System	
	c/o C T Corporate	on System	
-	(P.O. Box or personal mailbo	•	
	1200 South Pine Island Road, F	lantation, Florida 33324	
The street addre	ess of its registered office and the street ad will be identical.	t address of the business office of its regi	stered
		ed by its board of directors or by an office of the change.	
		Mark Creatura, V.P.  (Printed or typed starte and title)	
	, challings of vice chairman of the board)	(Printed or typed name and title)	<del></del>
I hereby accept I further agree to performance of registered agen office address, I	the appointment as registered agent a to comply with the provisions of all sti my duties, and I am familiar with and t. Or, if this document is being filed n I hereby confirm that the corporation.	nd agree to act in this capacity. itutes relative to the proper and complete accept the obligation of my position as verely to reflect a change in the registered has been notified in writing of this change	1 2.
By: ACT	Corporation System  ULCL  ignature of Registered Agent)	11-11-03 (Date)	-
If signing on behalf	f of an entity:  LLT Fitzpotrick ( Typed or Printed Name)	assistent Secreta	ary

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314