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TO

JEFFREY D. BUTTERFIELD

C. COULLIETTE MAY 1 9 1999

CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street E Address Tallahassee, FL 32301 222-1092 Phone Zip State CORPORATION(S) NAME FIRSTPLUS FINANCIAL () Profit () Amendment () NonProfit () Limited Liability Co. () Dissolution/Withdrawa () Foreign () Annual Report () Limited Partnership () Reservation () Reinstatement () Photo Copies () UUS () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability

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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: FirstPlus Financial, Inc.
1b. Date of incorporation June 19, 1986 Document number P15294.
2. The name and address of the current registered agent and office:
Agent Resigned
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Domenic Borriello, Vice-President
DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.
C T CORPORATION SYSTEM SIGNATURE BY: (howles W Meyer
SIGNATURE BY: Would William Charles W. Meyer (Registered Agent)
DATE May 13, 1999

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-91) Filing Fee: \$35.00