Document Number Only

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C T CORPORATION SYSTEM					
Requestor's Name 660 East Jefferson Str	eet				
Address	32301	4	1000 <u>02</u> 3	ຊູຊຸຍຸດູຊູ	45
City State Zip	Phone		:00002 07/01- *****	/9/010/0 35.00 ***	5025 ***35.00
CORPORATION	(S) NAME				
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() Profit () NonProfit	() Amendn	nent	() Merger	PM 3: 03	
() Limited Liability Company () Foreign	() Dissolut	ion/Withdrawal	() Mark		
() Limited Partnership () Reinstatement () Limited Liability Partners () Certified Copy	() Annual I () Reserva	ation	·//	e of R.A.	
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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 (Florida Statutes, the undersigned corporation submits the following sor registered agent, or both, in the State	ration organized under th tatement in order to chan	ne laws of t	he State	e of
1a. The name of the corporation is:	CCF Management Servi	ces, Inc.	<u> </u>	
1b. Date of incorporation 11/18/92	Documer	nt number	05-046	125 7
2. The name and address of the curre		office:	SECRETA TALLAHA	- الا - الله 97
1201 Hays Street, Suite 105, Tall 3. The name and address of the new re (P.O. Box Not Acceptable)	Lahassee, FL 32301	·:	RY OF STATE.	P 3: 03
c/o C T CORPORATION SYSTEM, 1200	South Pine Island Rd.,	Plantatio	on, Flo	rida 33324
The street address of its registered age of its registered agent as changed will Such change was authorized by resolution officer so authorized by the board. SIGNATURE June 16,1997 DATE	be identical.	poard of dir , Assistan	rectors o	or by
	CORPORATION AT THE CEPT THE APPOINTMEN CAPACITY. I FURTHER TUTES RELATIVE TO THIES, AND I AM FAMILIAR YAS REGISTERED AGENT	PLACE DE IT AS REGI AGREE TO E PROPER WITH AND CORPORATI	ESIGNA' ISTEREI D COMP I AND C ACCEP ON SYST	TED D PLY OM- PT TEM
Division of Corporations, F	.O. Box 6327, Tallah	assee, F	L 323	14

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00