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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CCT: Moneyfast Lending Corporation (Name of Cor	poration)
DOCU	MENT NUMBER: P93000073612	
The end	closed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please 1	return all correspondence concerning this matter to	o the following:
	William A. Tryon (Name of Conta	act Person)
	Moneyfast Lending Corporation (Firm/Com	pany)
	5728 Major Blvd, Suite 607 (Address	ss)
	Orlando, Florida 32819 (City/State and	Zip Code)
For furt	her information concerning this matter, please cal	l:
William	A. Tryon (Name of Contact Person)	at (407) 354-5659 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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, this ingle is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Moneyfast Lending Corporation
2. The principal	office address: 5728 Major Blvd, Suite 607, Orlando, Florida 32819
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 10/25/1993 Document number: P93000073612
	d street address of the current registered agent and registered office on file with the truent of State:
	Jeffrey S. Dawson
	5728 Major Blvd., Suite 610 Orlando, Florida 32819
	Orlando, Florida 32819 Street address of the new registered agent (if changed) and /or registered office.
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of line :
	William A. Tryon
	5728 Major Blvd, Suite 607
	(P.O. Box NOT acceptable) Orlando, Florida 32819
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Signatu	William A. Tryon, President (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bei 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 performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
	8.14.07
	pature of Registered Agenty (Date)
	half of an entity:
William A. Try	'yped or Printed Name)

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

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