**Document Number Only** 442C CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 222-1092 Tallahassee, FL 700002052637---01/09/97--01056--022 Phone Zip State City \*\*\*\*490.00 \*\*\*\*\*35.00 CORPORATION(S) NAME Southeast Title () Profit () Merger () Amendment () NonProfit ( ) Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other ucenti () Annual Report () Limited Partnership Change 就題. () Reservation () Reinstatement )Fic. ()CUS () Photo Copies () Certified Copy () After 4: () Call if Problem () Call When Ready 🏻 Walk In () Mail Out PLEASE RETURN EXTRA CORIES Availability FILE STAMPED Document

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CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Examiner

Updater Veriller

## 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 sec Florida Statutes, the undersigned Florida submits the following or registered agent or both, in the	corporation organized und statement in order to chain	der the laws of the S	State of
1a. The name of the corporation	is: Southeast Title Loan	Co., XVII, Inc.	
		De anna est annabase	F105000044207
1b. The Date of incorporation	05/23/86	Document number	
2. The name and address of the	_	and office:	97 JAN
MICHAEL J CONIGLIO	)		P Trade
104 FAST THIRD AVENU	JE, TALLAHASSEE, FL 3	2303	LU _< .
3. The name and address of the			T= 3 11
(P.O. Box Not A			3: 0
	C T CORPORATIO	N SYSTEM	P. C.
do C T CORPORATION	SYSTEM. 1200 South Pin	e Island Rd., Planta	tion, Florida 33324
The street address of its register of its registered agent as change Such change was authorized by an officer so authorized by the based on the change was authorized by the based of the change was authorized by the change was a	ed will be identical. resolution duly adopted b	y its board of directo	ors or by
MALANA			ycox, President
12-30-96 SIGNATURE		ι ypea or pπ	nted name and title
DATE			
HAVING BEEN NAMED AS R PROCESS FOR THE ABOVE IN THIS CERTIFICATE, I HER AGENT AND AGREE TO ACT WITH THE PROVISIONS OF THE OBLIGATION OF MY PO	STATED CORPORATION OF THE APPLIES OF THE APPLIES CAPACITY. IN MY DUTIES, AND I AM	ON AT THE PLAC POINTMENT AS I FURTHER AGRE FAMILIAR WITH ED AGENT. CICOR	E DESIGNATED REGISTERED E TO COMPLY AND ACCEPT
DIVISION OF CORPORA	TIONS. P.O. BOX 6327	'. TALLAHASSEE.	
CD4E04E /7.04)	,	,	IIING FEE: \$35.00

John Masters