

Document Number Only

P96000044299

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

500002052645--0

-01/09/97--01056--022

****490.00 *****35.00

CORPORATION(S) NAME

Southeast Title Loan Co XIX Inc.

☐ Profit
☐ NonProfit
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☒ Change of Name

☐ Certified Copy

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1/3 JPH
RA Change

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
Florida 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: Southeast Title Loan Co., XIX, Inc.

1b. The Date of incorporation 05/23/96 Document number P96000041299

2. The name and address of the current registered agent and office:

MICHAEL J CONIGLIO

104 EAST THIRD AVENUE, TALLAHASSEE, FL 32303

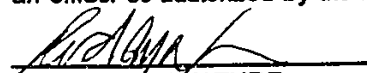
3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

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.


SIGNATURE
12-30-96
DATE

Roderick A. Aycox, President
Typed or printed name and title

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 MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: 
DATE 12/19/97

C T CORPORATION SYSTEM

ASSISTANT SECRETAR

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (7-91)

FILING FEE: \$35.00

John Masters