✓ Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 200002052612--3 -01/09/97--01056--022 ****430.00 *****35.00 Tallahassee, FL 32301 222-1092 Phone City State CORPORATION(S) NAME Southeast Title Loan () Profit () Merger () Amendment () NonProfit () Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other vec () Annual Report () Limited Partnership **WChange 並用..** () Reservation () Reinstatement)Fic. () Photo Copies ()'CUS () Certified Copy () After 4: () Call if Problem () Call When Ready 關 Pick Up≧ Walk In () Mail Out Name Availability PLEASE RETURN EXTRA CORIES FILE STAMPED Document Examiner 1-3 Updater Verilier Acknowledgment

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CR2E031 (1-89)

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. Florida Statutes, the undersigned corporation of Florida submits the following statement or registered agent or both, in the State of	on organized under the laws of the State of It in order to change its registered office
1a. The name of the corporation is: Southeast Title Loan Co., XXVI, Inc.	
The Date of incorporation06/28/ The name and address of the current name	egistered agent and office:
MICHAEL J CONIGLIO	77 1 proms
3. The name and address of the new reg (P.O. Box Not Acceptable	istered agent and office: 🛒 ဟု 🗂
c/o C T CORPORATION SYSTEM,	1200 South Pine Island Rd., Plantation, Florida 33324
of its registered agent as changed will be	and the street address of the business office identical. In duly adopted by its board of directors or by Roderick A. Aycox, President
SIGNATURE	Typed or printed name and title
12-30-96 /	
PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY AC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF MY DUT THE OBLIGATION OF MY POSITION	RED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED CEPT THE APPOINTMENT AS REGISTERED S CAPACITY. I FURTHER AGREE TO COMPLY IES, AND I AM FAMILIAR WITH AND ACCEPT AS REGISTERED AGENT. SIGNATURE BY: DATE P.O. BOX 6327, TALLAHASSEE, FE'SZAN SECRETAR
CR2E045 (7-91)	FILING FEE: \$35.00

John Masters