Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 100002052631---01/09/97--01056--022 Address Tallahassee, FL 32301 222-1092 ****490.80 *****35.00 Phone State City CORPORATION(S) NAME Southeast Title oan () Profit () Amendment () Merger () NonProfit () Limited Liability_Co. () Mark () Dissolution/Withdrawal () Foreign () Other ug () Annual Report () Limited Partnership ∕Change of () Reservation () Reinstatement () CUS () Photo Copies () Certified Copy () After 4:3 () Call if Problem () Call When Ready 网 Pick Up S 図 Walk In () Mail Out Name Availability PLEASE RETURN EXTRA CORIES FILE STAMPED Document Examiner 1-3 Updater Veriller 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

Floi Floi	rsuant to the provisions of sections 607.0502, 617.0 rida Statutes, the undersigned corporation organize ridasubmits the following statement in order to registered agent or both, in the State of Florida.	d under the laws of the S	itate of
1a.	The name of the corporation is: Southeast Title	Loan Co., XXI, Inc.	
 1b.	The Date of incorporation06/28/96	Document number	
2.	The name and address of the current registered ag	ent and office:	AHASS
	MICHAEL J CONIGLIO		TIT-<
_		T. 00000	10 3 11 11 11 11 11 11 11 11 11 11 11 11 1
_	104 EAST THIRD AVENUE, TALLAHASSEE,	FL 32303	1 S S S S S S S S S S S S S S S S S S S
3.	The name and address of the new registered age (P.O. Box Not Acceptable)	nt and omce:	
	C T CORPOR	ATION SYSTEM	
of Su	c/o C T CORPORATION SYSTEM, 1200 South the street address of its registered agent and the street its registered agent as changed will be identical. The change was authorized by resolution duly adopted officer so authorized by the board.	eet address of the busine	ss office
1	Aller I	Roderick A. As	cox, President
<i>[_</i> ,	SIGNATURE		nted name and title
_12	DATE	,	
PR IN AG WI	AVING BEEN NAMED AS REGISTERED AGE COCESS FOR THE ABOVE STATED CORPORTHIS CERTIFICATE, I HEREBY ACCEPT THE ENT AND AGREE TO ACT IN THIS CAPACITH THE PROVISIONS OF MY DUTIES, AND E OBLIGATION OF MY POSITION AS REGISTS	RATION AT THE PLAC E APPOINTMENT AS I IY. I FURTHER AGRE I AM FAMILIAR WITH	E DESIGNATED REGISTERED E TO COMPLY
		DATE ASSIST	NT SECRETARY

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

John Masters