## Document Ny 1996 0000 55238

CT CORPORATION SYSTEM		
dequestor's Name 660 East Jefferson Stre	et	
Address		
Tallahassee, FL 32301	222-1092	5000020539859
City State Zip	Phone	-01/10/9701028041 *****35.00 *****35.00
CORPORATIO	N(S) NAME	
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		TEST TO THE PERSON OF THE PERS
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## 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:	ST TITLE LOAN CO., XXVIII, INC.
1b. Date of incorporation June 28, 1996	Document number P96000055238
2. The name and address of the current re	glatered agent and office:
104 EAST THIRD AVENUE, TALLAR	IASSEE, FL 32303
3. The name and address of the new register (P.O. Box Not Acceptable)	ton system
c/o C T CORPORATION SYSTEM, 1200 South	Pine Island Rd., Plantation, Florida 33324
The street address of its registered agent an of its registered agent as changed will be ide.  Such change was authorized by resolution of an officer so authorized by the board.	Roderick A. Aycox, President
12-31-96 SIGNATURE	Typed or printed name and title
DATE	
HAVING SEEN NAMED AS REGISTERED A PROCESS FOR THE ABOVE STATED COR IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AI THE OBLIGATION OF MY POSITION AS RE SIGNAL DATE	PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED ACITY. I FURTHER AGREE TO COMPLY B RELATIVE TO THE PROPER AND COM- ND I AM FAMILIAR WITH AND ACCEPT
Division of Corporations, P.O. E	Box 6327, Taliahassee, FL 32314
CR2E045 (7-91)	FILING FEE: \$35.00

TOTAL P.02