

DIVISION OF CORPORATION

ACCOUNT NO.

REFERENCE

002469

7140934

AUTHORIZATION

COST LIMIT

ORDER DATE: October 20, 1998

ORDER TIME :

2:26 PM

800002668558---8

ORDER NO. :

002469

CUSTOMER NO: 7140934

CUSTOMER: Ms. Lisa Chambers

Credit Plus, Inc.

Suite 600

6100 Hollywood Boulevard

Hollywood, FL 33024

CHANGE OF AGENT

NAME:

ACCOUNT RESOLUTION CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Cassandra Bryant

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 ofFlorida_
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Account Resolution Corporation
2. The mailing address of the corporation is: 6100 Hollywood Blvd., 6th Floor
Hollywood, FL 33024
3. Date of incorporation/qualification: 10-15-96 Document number: P96000084883
4. The name and address of the current registered agent and office:
Bennett, Josh N. Esq. Nationsbank Tower
100 SE Second Street, Suite 2600
Miami, FL 33131
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
The street address of its registered office 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
10-15-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
Paul D. Turner, Secretary
(Printed or typed name and title)
laving been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete verformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
Laura R- Out 10-20-98 (Signature of Registered Agent) (Date)
signing on behalf of an entity: LAURA R. DUNLAP It's Agent
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *