00098101 **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 19000000000047018--5 97607-91043-016 ****770.00 *****35.00 Tallahassee, FL 32301 222-1092 Phone Zip State City CORPORATION(S) NAME (His lower of Trubowille () Profit () Merger () Amendment () NonProfit () Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other UCC Filing () Annual Report () Limited Partnership (VChange of R.A. V) Fic. Name () Reservation () Reinstatement () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready 🕅 Pick Up 🔞 Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED Document 1-6-97 Examiner Updater Veriller Acknowledgment W.P. Verifier CR2E031 (1-89)

Florids Department of State, Jim Smith, Secietary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.05 Florida Statutes, the undersigned corporation Elorida submits the following stateme or registered agent, or both, in the State of Florida	organized under the laws of the ent in order to change its register	State of
1a. The name of the corporation is: CASH LO	ANS OF JACKSONVILLE, VI, INC	; <u> </u>
Date of incorporation 12-04-96 The name and address of the current reg		97 JAH SECREI
MICHAEL J. CONIGLIO	400m m 20000	SS
3. The name and address of the new register (P.O. Box Not Acceptable) C T CORPORATI	ed agent and office:	PH 4: 05
c/o C T CORPORATION SYSTEM, 1200 South	Pine Island Rd., Plantation,	FDorida 33324
Such change was authorized by resolution dan officers of authorized by the board. SIGNATURE 12-31-96	Roderick A. Aycox, Preside Typed or printed name and titl	ent
DATE		
HAVING BEEN NAMED AS REGISTERED AND PROCESS FOR THE ABOVE STATED CORFIN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AND THE OBLIGATION OF MY POSITION AS RESIGNAL DATE	PORATION AT THE PLACE DESIGNED AS REGIST ACITY. I FURTHER AGREE TO COMMENT AS RELATIVE TO THE PROPER AND I AM FAMILIAR WITH AND ACIDISTERED AGENT.	GNATED ERED OMPLY ND COM- CCEPT SYSTEM
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
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