098121 Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Phone State Zip City SUODOQQATQ2 CORPORATION(S) NAME Ash loans of Ft Myes, inc () Profit () Merger () Amendment () NonProfit () Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other UCC Filing () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement)Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up 關 Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED Document 1-6-97 Examiner Updater Veritier Acknowledgment W.P. Verifier CR2E031 (1-89)

Florida Department of State, Juli Smith, Sectedary 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ia. The name of the corporation is: <u>CA</u> :	SH LOANS OF FT. MYERS, INC.	-
1b. Date of incorporation 12-04-96	Document number 1	
2. The name and address of the currer	nt registered agent and office:	cella cella
MICHAEL J. CONIGLIO	UNANACCE EL 22202	- 4
104 EAST THIRD AVENUE, TA	LLANASSEE, FL 32303 MC 3	
	ORATION SYSTEM OR	
c/o C T CORPORATION SYSTEM, 1200 S	South Pine Island Rd., Plantation, Florida	ı 33324
of its registered agent as changed will b	nt and the street address of the business office te identical. Sign duly adopted by its board of directors or by Roderick A. Aycox, President	
SIGNATURE	Typed or printed name and title	_
12-31-96 DATE		
PROCESS FOR THE ABOVE STATED IN THIS CERTIFICATE, I HEREBY ACC AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAT PLETE PERFORMANCE OF MY DUTIE THE OBLIGATION OF MY POSITION A	ED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED CEPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY TUTES RELATIVE TO THE PROPER AND COMES, AND I AM FAMILIAR WITH AND ACCEPT AS REGISTERED AGENT. SIGNATURE BY: CORPORATION SYSTEM OF CORPORATION S	ale Morris
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
CR2E045 (7-91)	FILING FEE: \$35.0	
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