## 000098136 **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Phone Zip State City 2000002047022--3 CORPORATION(S) NAME C'nsh loans of Josephons He II, mac () Profit () Merger () Amendment () NonProfit ( ) Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign () Other ucc Filing () Change of R.A., () Annual Report () Limited Partnership () Reservation () Reinstatement )Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready 图 Pick Up Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability 1-6-97 KA Champl JA-9 Document Examiner Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

FIGURE Department of State, Jun Simal, 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: Cash Loans of Jacksonville, II, INC.	
1b. Date of incorporation 12-04-96	
2. The name and address of the current regist	ered agent and office:
104 EAST THIRD AVENUE, TALLAHAS	SEE, FL 32303
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324	
SIGNATURE	adopted by its board of directors or by  Roderick A. Aycox, President  Typed or printed name and title
DATE	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.  SIGNATURE BY: Dropperation Fyster Date Morris Date Morris	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	
CR2E045 (7-91)	FILING FEE: \$35.00
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