Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax sudit number (shown below) on the top and bottom of all pages of the document.

(((H04000182023 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Pax Number : (850)222-9428

4 SEP -9 PHIE: 02

REGISTERED AGENT CHANGE

NORTH AMERICAN ACCEPTANCE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Westropie Filing Menu.

Comprate Filing

Bublic Access Hale

4 /A Cheg algloss

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

Pursuant to the	provisions of t	sections 607.0502,	617.0502, 607.15	108, or 617.1508, Florida Statutes,		
this statement o	f change is subn	nitted for a corpora	tion organized un	der the laws of the State of		
California	in order	to change its regist	tered office or res	gistered agent, or both, in the State		
of Florida.						
1. The name of	the corporation:	North American Acc	eptance Corporation			
2. The principal	office address:	236 East 6TH Avenu	e Tallahassee, Florid	a 32303		
3. The mailing a	address (if differ	ent):				
4. Date of incorp	poration/qualific	cation: 02/19/1997	Docu	ment number: P97000017074		
	d street address riment of State:	of the current regist	ered agent and rep	gistered office on file with the		
		Richard J	Pa Da Fonte			
_	1000 Bescher Road South, Suite 2					
•	Largo, Florida 34641					
6. The name are changed):	d street address	s of the new regist	ered agent (if cha	anged) and for registered office (if		
	C T Corporation System					
	c/o C T Corporation System					
-	(P.O. Box or personal mulibux MOT 200eptable)					
-	1200	South Pine Island Ros	id, Plantation, Plorid	a 33324		
The street addre	es of its registe ed will be identi	red office and the s	treet address of th	ne business office of its registered		
Such change was authorized by th	southorized by coard, or the	resolution duly ad corporation has bee		of directors or by an officer so ting of the change.		
(Signature of an officer,				or typed same and intej		
I hereby accept I further agree t performance of registered agen office address, l	the appointment to comply with t my duties, and t. Or, if this do hereby confirm	t as registered age he provisions of al I am familiar with c cument is being file I that the corporati	nt and agree to a l statules relative and accept the ob d merely to reflec on has been notif	ot in this capacity. to the proper and complete ligation of my position as It a change in the registered ied in writing of this change.		
By:	Corporation System	tuto	/30	31/04		
= .	guanure of Registered	Agord)		(Date)		
if signing on behalf	-					
	Scot Ferraro prod or Printed Name)			ssistant Secretary (Capacity)		
	No. at an a summer substition	4		damenta and b		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, FL 32314