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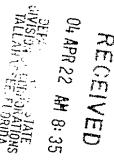
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SECRETARIASSEE FLORIDA





ACCOUNT NO. : 072100000032 REFERENCE : 569428 7426415 AUTHORIZATION : 7 COST LIMIT : \$ 35.00 ORDER DATE: April 15, 2004 ORDER TIME : 5:15 PM ORDER NO. : 569428-140 CUSTOMER NO: 7426415 CUSTOMER: Ms. Sheila Mcpherson Pioneer Services Suite 300 4700 Belleview Kansas City, MO 64112 CHANGE OF AGENT PIONEER MILITARY LENDING OF NAME: FLORIDA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STÄMPED COPY CONTACT PERSON: Ellyn Herndon -- EXT# 2945 EXAMINER:

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

,	provisions of sections 607.0502, 617.0502, attended for a corporation organized under the sections.	607.1508, or 617.1508, Florida Statutes, this sta	•
., .	mieu jor a corporation organizea unaer ine t egistered office or registered agent, or both, i	5 5	in order
_	the corporation: PIONEER MILITARY LE	•	
2. The principa	l office address: 4700 Belleview Ave.	, Suite 300, Kansas City, MO 64112	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 10/29/1990	Document number: S09488	,
	d street address of the current registered ager artment of State:	Eig. T	<u>}</u> ≛
	CT Corporation System	AP .	E FIL
	1200 S. Pine Island Road	SE	LED LED
	Plantation, FL 33324	FLORA:	بې
6. The name an (if changed):	d street address of the new registered agent (	if changed) and /or registered office	57
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box or personal mail	ibox NOT acceptable)	
	Tallahassee, FL 32301		
The street addr changed will be	ess of its registered office and the street ad e identical.	dress of the business office of its registered ag	ent, as
Such change w	ras authorized by resolution duly adopted be corporation has been notified in writing of	y its board of directors or by an officer so auth of the change.	orized by
Meess	Signature of an officer or director)	Maureen Cullen, Attorney in (Printed or typed name and title)	Fact
auties, and 1 at being filed mer	t the appointment as registered agent and a to comply with the provisions of all statute in familiar with and accept the obligation o ely to reflect a change in the registered off writing of this change.	agree to act in this capacity. Is relative to the proper and complete perform If my position as registered agent. Or, if this d ice address, I hereby confirm that the corporat	ince of my ocument is tion has
· (	Service Company	April 9, 2004	
By: Sign	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quep	ppet	Asst. Vice President	
	(Typed or Printed Name)	(Capacity)	

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