Ryan and Marks

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WILLIAM B. RYAN, JR JEFFREY B. MARKS S 9 8 4 9 3
October 1, 1999

TELEPHONE (904) 262-4242 FAX (904) 262-3717

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Decker Pawn, Inc.
Bonded Pawn Shop, Inc.

Dear Ladies and Gentlemen:

Enclosed is an original and one copy of Statement of Change of Registered Office or Agent for both of the above referenced corporations, together with our check for \$70.00 for the filing fee for both. Would you please return a file stamped copy of each to me. Thank you for your assistance.

Sincerely,

RYAN AND MARKS

Jeffrey B. Marks

400003011734--1 -10/04/99--01074--005 ******70.00 ******35.00

JBM/sds Enclosures 10-12-49P

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered offic or registered agent, or both, in the State of Florida.	f :e
1a. The name of the corporation is: Decker Pawn, Inc.	
1b. Date of incorporation December 6, 1991 Document number S98493	
2. The name and address of the current registered agent and office: Intrastate Registered Agent Corporation 701 Brickell Avenue, Suite 3000	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	
2818 North Main Street, Jacksonville, Florida 322007	
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.	-
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Control Control	<i>'</i>
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.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DATE October 1,

CR2E045 (7-91)

FILING FEE: \$35.00

(Registered Agent)