## F05000005953

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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11/14/05--01043--001 \*\*35.00

RA Chg.

Billin



November 9, 2005

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: ASSOCIATED ACCEPTANCE, INC.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #9397 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons

Registered Agent Services

M. Stymons

Enclosures

PO BOX 1831 AUSTIN, TX 78767

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	T: ASSOCIATED ACCEPTANCE, INC. (Name of Control of Cont	orporation)
DOCUM	ENT NUMBER: F05000005953	
The enclo	osed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter	to the following:
	Myra Sir	
	(Name of Cor	itact Person)
	Capitol Corporate Services R (Firm/Co	
	800 Brazos, (Addi	
	Austin, Tex (City/State an	
For furthe	er information concerning this matter, please c	ail:
Myra Sim	nmons	at ( 800 ) 345-4647
	(Name of Contact Person)	at (800 ) 345-4647 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departi	ment of State.
	Mailing Address: Amendment Section Division of Cornerations	Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

Return acknowledgment to: MES

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Texas	
-	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ASSOCIATED ACCEPTANCE, INC.	<u> </u>
2. The principal	office address: 1201 Austin Hwy. #154, San Antonio, TX 78209	
3. The mailing a	address (if different):	1 10 1 L
		9
4. Date of incoη	poration/qualification: 10/13/2005 Document number: F05000005953	7
	I street address of the current registered agent and registered office on file with the rtment of State;	Ę
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Capitol Corporate Services, Inc.	
	1333 North Duval St.	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32303	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
School (Signalu	re of an office for director The Rich or of H. Hall W.P.	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Olla	nic Case asst. 11-9-05	
(Sig	mature of Registered Agent) SCC, (Date)	
If signing on bel	half of an entity:	
	sistant Secretary on behalf of Capitol Corporate Services, Inc. Typed or Printed Name)	

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