F03000004079

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9/20/10



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

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

DATE: STATE: 9/14/2010 FLORIDA

REP UNIT:

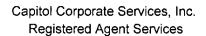
CFN AGENCY, INC.

Enclosed for filing 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. Enclosed is check #19756 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 call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767







COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CFN AGENCY, INC. Name of Corp	poration
DOCUMENT NUMBER: F0300004079	·
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Myra Ho Name of Conta	omer act Person
Capitol Services Registe	red Agent Department
800 Brazos,	Suite 400
Austin, Texa	2s 78701 Zip Code
E-mail address: (to be used for fute	ure annual report notification)
For further information concerning this matter, please cal	1 :
Myra Homer	at (800) 345-4647 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617 vange is submitted for a corporation o ler to change its registered office or re	rganized under the	e laws of the State	of DELAWARE		
			oon, in the state (y rioriuu.		
	the corporation: CFN AGENC					
• •	office address: 4450 River Gre	en Pkwy, Ste.	. 100A			_
Duluth, (GA 30096		<u> </u>	······································		
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 8/15/200	Docume	ent number: F03	000004079		
	nd street address of the current register artment of State: (If resigned, enter res		tered office on file	with the		
	NRAI Services, Inc.					
	2731 Executive Park Drive	. Ste. 4		 _		
	Street Address	,		_		
	Weston	FL	33331			
6 Th	City	State	Zip Code	-60		
(if changed):	d street address of the new registered	agent (II changed)	and for registered	oince signification	6	
(Capitol Corporate Serv	rices, Inc.			33	1 1 2 1 1
				having the		जुल्ल
	155 Office Plaza Drive, Street Address (P.O. Box NOT acceptable)	Suite A		<u> </u>	7	i er
	Tallahassee	FL	32301	# 1 th	<u> </u>	
	City	State	Zip Code		ယ့	(1) (1)
The street addr as changed wil	ress of its registered office and the stall be identical.	treet address of the	e business office o	of its registered agent,	သွ	•••
Such change wauthorized by	vas authorized by resolution duly ad- the board, or the corporation has been			. /		•
h	alleto	WALTER (- SMINT	SEC/OINGE.	M	
	ure of an officer or director	Name (pri	nted or typed)	Title (printed or typed)		
I hereby accept further agree of my duties, a document is be corporation ha	t the appointment as registered ages to comply with the provisions of all nd I am familiar with and accept the sing filed merely to reflect a change as been notified in writing of this cha	n and agree 10 ac statutes relative 1 cobligation of my in the registered c inge.	t in this capacity, to the proper and position as regist office address, I had	complete performance ered agent. Or, if this ereby confirm that the	•	
Ollar	rue Case asst. se	c	9-14- Date	10		
If signing on he	chalf of an entity:					
	se, Asst. Secretary on behalf					
	orporate Services, Inc.					
	Name (minted on hand)					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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