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

Office Use Only



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07/28/16--01021--017 **35.00

TO CON AUG 08 2018

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 27, 2016

Order#: 222781-007

Re: CFN AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of change	isions of sections 607.0502, 617.0502 is submitted for a corporation organi change its registered office or registe	ized under the la	ws of the State of Dela	aware
1. The name of the c	orporation: CFN AGENCY, INC.			
	ce address: EEN PKWY SUITE 100A, DULUTH,			
3. The mailing addre	ss (if different):			
4. Date of incorporation/qualification: 08/15/2003 Document number: F03000004079				
	et address of the current registered ag nt of State: (If resigned, enter resigned	~	ed office on file with the	ne
CA	PITOL CORPORATE SERVICES, IN	IC.		
155	OFFICE PLAZA DR.			
TAI	LAHASSEE	FL	32301	
6. The name and stre (if changed):	et address of the new registered agen	it (if changed) and	d /or registered office	SA JUL 2
Cor	poration Service Company			29
120	1 Hays Street			PH 12: 4:
	P.O. Box NOT	acceptable		1. E
Tal	ahassee	FL	32301	ω
The street address o as changed will be is	f its registered office and the street a dentical.	address of the bu	siness office of its reg	gistered agent,
Such change was au authorized by the bo	thorized by resolution duly adopted ard, or the corporation has been not	by its board of d ified in writing o	lirectors or by an offic of the change.	er so
Xi	e E. CiQnie	Jill Cilmi, Vice P	President	
I further agree to co performance of my a agent. Or, if this do hereby confirm that	notticer or director appointment as registered agent and mply with the provisions of all statu luties, and I am familiar with and ac cument is being filed merely to refle the corporation has been notified in ervice Company	l agree to act in the state of the state of the state of the control of the state o	e proper and complete ion of my position as i	registered
	of Registered Agent		Date	
If signing on behalf	of an entity:			
*	istant Vice President			
Typed o	r Printed Name			
	* * * FILING FER	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314