

F03000005112

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From: Account Name : G F CORPORATION
Account Number : FCA080800023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing date of submission 3/19/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2010 MAR 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
CAMPUS ADVANTAGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 19 PM 2:43

FILED



March 22, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAMPUS ADVANTAGE, INC.
110 WILD BASIN RD
STE 365
AUSTIN, TX 78746

SUBJECT: CAMPUS ADVANTAGE, INC.
REF: F03000005112

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H10000063407
Letter Number: 810A00006923

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: CAMPUS ADVANTAGE, INC.
Name of Corporation

DOCUMENT NUMBER: F03000005112

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Cardenas
Name of Contact Person

Campus Advantage
Firm/Company

110 Wild Basin Rd, Ste 365
Address

Austin, TX 78746
City/State and Zip Code

jeardenas@campusadv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Cardenas at (512) 472-6222
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAMPUS ADVANTAGE, INC.
2. The principal office address: 110 Wild Basin Rd, Ste 365, Austin, TX 78746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/14/2009 Document number: F03000005112
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Capitol Corporate Services, Inc.
155 Office Plaza Dr., Suite A
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

The street address of its registered office 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, or the corporation has been notified in writing of the change.

Signature of an officer or director
Mark J. Hager - Executive Vice President & CFO

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent
3/19/10

Date

If signing on behalf of an entity:
Chris McNear

Typed or Printed Name

Assistant Secretary
FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (6/05)