Fo6000007252

| | GISTERED AGENT L U T I O N S I N C DIRECTORS BLVD. I STE. 300 I AUSTIN. TX 76744 |
|-------------------------|--|
| (Add | dress) |
| (Cit | y/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | siness Entity Name) |
| (Do | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |

Office Use Only



500240577345

Charge

10/09/12--01010--026 **35.00

FILED
2012 OCT -9 PM 1: 07
SECRETARY OF STATE
SECRETARY OF STATE

10/10/12

September 13, 2012

VIA US MĂIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Couch-Braunsdorf Affinity, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Adam Saldaña

REGISTERED AGENT SOLUTIONS, INC.

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

1 4

- N

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of New Jersey r to change its registered office or registered agent, or both, in the State of Florida. |
|--|--|
| 1. The name of t | the corporation: COUCH-BRAUNSDORF AFFINITY, INC. |
| 2. The principal | office address: |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 11/20/2006 Document number: F0600007252 |
| | I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | C T CORPORATION SYSTEM |
| | 1200 SOUTH PINE ISLAND ROAD |
| | PLANTATION FL 33324 US |
| 6. The name and (if changed): | PLANTATION FL 33324 US I street address of the new registered agent (if changed) and /or registered offices Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A |
| | Registered Agent Solutions, Inc. |
| | 155 Office Plaza Dr. Suite A |
| | Tallahassee, FL 32301 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa | is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. |
| The state of the s | Lobert Dow Instident Printed or typed hame and title |
| I hereby accept I further agree I performance of agent. Or, if thi | 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 te my duties, and I am familiar with and accept the obligation of my pos registered is document is being filed merely to reflect a change in the registerede address, I that the corporation has been notified in writing of this change. |
| St | Date 1012 112 |
| If signing on be | half of an entity: |
| | Asst. Secretary |
| | yped or Printed Name |

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