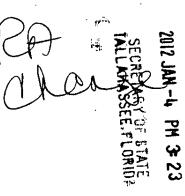
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ACCOUNT NO. : 12000000195

REFERENCE: 034361

4361 \_ 7426667

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 21, 2011

ORDER TIME : 11:53 AM

ORDER NO. : 034361-003

CUSTOMER NO: 7426667

## CHANGE OF AGENT

NAME:

CUSTOMERONE FINANCIAL NETWORK,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: CUSTOMERONE FINANCIAL NETWORK, INC.
2. The principal of	
	ddress (if different):
4. Date of incorp	oration/qualification: 12/29/2006 Document number: F06000007952
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the iment of State:
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	CT Corporation System  1200 South Pine Island Road  Plantation, FL 33324  street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable) Tallahassee, FL 32301
•	
_	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signatur	Maureen Cathell, Vice President (Printed or typed name and title)
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity.  It is comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the been notified in writing of this change.
Corporati	ion Service Company  December 20, 2011
-8 (S)(gr	Tature of Registered Agent) (Date)
If signing on beh	·
Sylvia Quepp	pet, Asst. VP  vped or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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