F08000001456

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December 5, 2011

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

RE: CFI Design Management Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Joelle Churik Llient Specialist

ichurik@nrai.com

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

statement of ch	provisions of sections 607. ange is submitted for a corp er to change its registered o	oration organized	l under the laws of the Sta	nte of Indiana	-
	the corporation: CFI DE			ie oj rioriaa.	
2. The principal	office address: 6296 RU POLIS, IN 46220	CKER ROAD,			
3. The mailing a	address (if different):		· · · · · · · · · · · · · · · · · · ·		
4. Date of incorp	poration/qualification:	04/01/2008	Document number:	F08000001456	
	d street address of the currer rtment of State: (If resigned,		and registered office on f	ile with the	
	CT CORPORATION	SYSTEM			
	1200 SOUTH PINE IS	SLAND ROAD			
	PLANTATION, FL 33	324			
6. The name and (if changed):	street address of the new re	egistered agent (if	changed) and /or register	ed office	c
	NRAI Services, Inc.			:	DIVISIO
	515 East Park Avenu	ıe		11 DEC 12	SE SE
	Tallahassee, FL 3230	P.O. Box NOT acce	otable	2	250 350 350 350 350 350 350 350 350 350 3
The street addres	ss of its registered office and be identical.		ess of the business office	of its registered agent	Y OF SIAITORS CORPORATIONS
Such change wa authorized by the	s authorized by resolution e board, or the corporation	duly adopted by has been notified	its board of directors or l	oy an officer so e.	
. 7	Samme of a officer of officers		Rod hay De Longing III		
I hereby accept to I further agree to of my duties, and document is bein corporation has NRAI Service:	the appointment as register to comply with the provision I I am familiar with and ac to gilled merely to reflect a been notified in writing of some	red agent and aging of all statutes in cept the obligation of the regarding change in the regarding change.	ree to act in this capacity relative to the proper and on of my position as regi istered office address, T	i, I complete performance stered agent. Or, if this hereby confirm that the	3
by:	We Church		12/01/20	011	
f signing on beh	attre of Registered Agent alf of an entity:		Date		
	urik, Assistant Secretar	<u>y</u>			

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

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