F1100000500

(Requestor's Name)				
REGISTERED AGENT SOLUTIONS INC 1701 DIRECTORS BLVD. STE. 300 AUSTIN, TX 78744				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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09/30/13--01016--023 **35.00

13 SEP 30 3H & 53

RAROICH 10.00 September 24, 2013

VIA US MAIL

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

Re: Comerit 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. \$35.00 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,

KARINA PULSKAMP

REGISTERED AGENT SOLUTIONS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of the change its registered office or registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent, or both, in the State of the change its registered agent.	Delaware	his ——
1. The name of	the corporation: COMERIT INC.		
	l office address:ANCISCO DRIVE SUITE 140-283 EL DORADO HILLS, (CA 957	 62
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/13/2011 Document number: F1100	000500	01
	d street address of the current registered agent and registered office on file wrtment of State: (If resigned, enter resigned)	ith the	
	C T CORPORATION SYSTEM	_	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		13 SEP
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	ffice	30 KH
	Registered Agent Solutions, Inc.	-	
	155 Office Plaza Dr. Suite A		හ <u>ා</u> යා
	P.O. Box NOT acceptable	•	
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the street address of the business office of it be identical.	is register	ed agen
Such change wathorized by the	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so	
	Jeff Johnston, CFO Printed or typed name and tit		
I further agree performance of agent. Or, if the hereby confirm	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 confiny duties, and I am familiar with and accept the obligation of my position his document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change. On the confine that the corporation has been notified in writing of this change. Date that of an entity:	nplete n as regisi	ered ;, I
Jaclyn Wrig	ght, Asst. Secretary		
	yped or Printed Name		
	* * * FH INC FFF, \$35.00 * * *		

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

CR2E045 (03/12)