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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/25/13**

**NAME: C/C FINANCIAL CORP.**

**TYPE OF FILING: CHANGE OF AGENT**

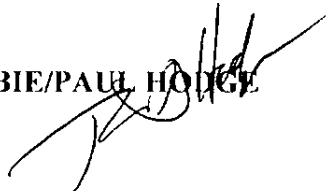
**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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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: C/C FINANCIAL CORP.
2. The principal office address: 5500 Interstate North Parkway, Suite 225 Atlanta GA 30328
3. The mailing address (if different): POST OFFICE BOX 52594 ATLANTA GA 40455-0594
4. Date of incorporation/qualification: January 15, 2013 Document number: F13000000223
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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

National Corporate Research, Ltd., Inc.

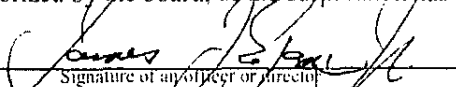
155 Office Plaza Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

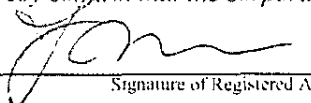
The street address of its registered office and the street address of the business office of its registered agent  
as changed will be identical.

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

JAMES J. Egan, JR. , SD  
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.

  
Signature of Registered Agent

11/21/2013  
Date

If signing on behalf of an entity:

Lucy Rose, Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$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)

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