(F	Requestor's Name)	
(A	address)	
(A	address)	<u>.</u>
(0	city/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
(C	Pocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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R.A.

TBrown 1-13-12

COVER LETTER

	endment Section sion of Corporations		
SUBJECT:	CRF GATEW Name of C		
		•	
DOCUMEN	T NUMBER: F990	000004468	
The enclosed	d Statement of Change of Registered Office	e/Agent and fee are subm	itted for filing.
Please return	all correspondence concerning this matter	to the following:	
	BECKY	DILLER	
	Name of Cor	ntact Person	
	QUARLES &		
	Firm/Co	ompany	
	444 E WIGOONGI	N AVE OTE 0040	
	411 E WISCONSI		
	MILWAUKE	F WI 53202	
	City/State ar	d Zip Code	
	Dovid Fouler®	Naminu ann	
	David.Fowler@ E-mail address: (to be used for fi		fication)
	· ·	1	,
For further in	nformation concerning this matter, please c	all:	
	BECKY DILLER	at (414)	277-5541
	Name of Contact Person	Area Code & Dayt	277-5541 ime Telephone Number
Enclosed is a	\$35.00 check made payable to the Depart	ment of State.	
	Mailing Address:	Street Address	:
	Amendment Section	Amendment S	ection
	Division of Corporations	Division of Co	-
	P.O. Box 6327	Clifton Buildi	_
	Tallahassee, FL 32314	Zoo Lexecutiv	ze Center Circle

Tallahassee, FL 32301

CR2E045 (8/05) QB\15395645.1

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 Statutes, this nge is submitted for a corporation organized under the laws of the State of MARYLAND
	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: CRF GATEWAY, INC.
2. The principal	office address: 1427 CLARKVIEW RD., SUITE 500
	BALTIMORE MD 21209
3. The mailing a	ddress (if different): SAME
4. Date of incorp	oration/qualification: 08/27/1999 Document number: F9900004468
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	NAPLES-LAWDOCK, INC.
	1395 PANTHER LANE, SUITE 300
	NAPLES FL 34109
6. The name and (if changed):	1395 PANTHER LANE, SUITE 300 NAPLES FL 34109 street address of the new registered agent (if changed) and /or registered office
	DAVID K. FOWLER
	c/o HENDERSON, FRANKLIN, STARNES & HOLT, P.A. P.O. Box NOT acceptable
	1648 PERIWINKLE WAY, SUITE B, SANIBEL, FL 33957-4406
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	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	MICHELE A. WILLIAMS, VICE PRESIDENT Printed or typed name and title
I hereby accept 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. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the feen notified in writing of this change.
	1/2/12
If signing on bel	nalf of an entity:
- -	
Ту	ped 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 (8/05)