08000083872

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/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



500237813345

07/38/12--01010--004 **25.00

FILED
2812 JUL 30 PM 2: 3
SECKETARY OF STAT

J. BRYAN

JUL **31** 2012

EXAMINER

July 26, 2012

VIA US MAIL

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

Re: CMAFT, LLC

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. \$25.00 LLC 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,

LEANA GUZMAN

REGISTERED AGENT SOLUTIONS, INC.

Ryan Erms

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	CMAFT, LLC
2. (a)	Principal office address of limited liability company	5005 LBJ FREEWAY, SUITE 1200
	(Note: MUST BE STREET ADDRESS)	DALLAS TX 75244
(b)	Mailing address of limited liability company:	5005 LBJ FREEWAY, SUITE 1200
	(Note: MAY BE POST OFFICE BOX)	DALLAS TX 75244
	09/03/2008	L08000083872
3. Da	ate of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	BUSINESS FILINGS INCORPORATED
	Registered Office Address:	515 E. PARK AVENUE
		TALLAHASSEE FL 32301
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
	NEW Registered Agent:	Registered Agent Solutions, Inc.
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A
		TallahasseeFL32301
confir and the liability of the or the	limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company Alan L. Murray or typed name of signee	aride street address of the registered office
		Tree to get in this cangain. This has Town
compland I and I Chapi addre	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poster 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	gree to yet in this capacity, Lipitiper agree in per and complete performance of my division of the complete performance of my division as registered agent as provided for my ely reflect a change in the registered office has been notified in writing of this change.
Signati	re of Registered Agent	•

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00