(Re	equestor's Name)	
· - (Ad	dress)	
(Ac	ldress)	·
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08-23-2012

NAME:

CFAM FINANCIAL SERVICES, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

**COST:** \$35

**RETURN:** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

## 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.

Name of the limited liability company:	CFAM FINANCIAL SERVICES, LLC
2. (a) Principal office address of limited liability of	ompany: 1250 S. Capital of Texas Hwy.
(Note: MUST BE STREET ADDRESS)	Bldg 1-400
(Note: MOST BE STREET ADDRESS)	Austin, TX 78746
(b) Mailing address of limited liability company	: 1250 S. Capital of Texas Hwy.
(Note: MAY BE POST OFFICE BOX)	Bldg 1-400
(Mole. MAT BETOST OFFICE BOX)	Austin, TX 78746
January 31, 2012	M1200000591
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street
	Tallahassee, Florida 32301-2525
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRES)	National Corporate Research, Ltd., Inc.  155 Office Plaza Drive
· · · · · · · · · · · · · · · · · · ·	Tallahassee ,FL 32301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or a or the operating agreement of the limited liability considerable of a member.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address I hereby confirm that the limited liability confirmation of Registered Agent Lucy Dawson, Assistant	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.  Secretary  Box 6327, Tallahassee, FL 32314