Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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MAY 26 2015

R. WHILE

From:

Account Name Account Number: 076077000355

: CARLTON FIELDS

Phone

: (813)223-7000

Fax Number

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REGISTERED AGENT CHANGE GRAND CANYON FINANCIAL INC.

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

statement of chan	rovisions of sections 607.0502, 617.0502 age is submitted for a corporation organi to change its registered office or registe.	zed under the laws of the State of FLOF	RIDA	
1. The name of th	ne corporation: GRAND CANYON	FINANCIAL INC.		
	office address: 1395 Brickell Aver		ida 33131	
1				
3. The mailing ad	dress (if different): 1395 BRICKEL	L AVENUE, SUITE 720		
	LORIDA 33131			
4. Date of incorpo	oration/qualification; JULY 27, 201	0 Document number: P1000006	31631	
	street address of the current registered agment of State: (If resigned, enter resigned		ie ·	
	FCC CORPORATE ADVISOR	RS LLC	,*	
•	900 BRICKELL KEY BOULEV	/ARD, SUITE 1703	를 (5 5)	
-	MIAMI, FLORIDA 33131			71
6. The name and ((if changed): .	street address of the new registered agent	t (if changed) and /or registered office		 EB
· · · · · · · · · · · · · · ·	CFRA, LLC	· · · · · · · · · · · · · · · · · · ·	(A)	
	100 S. ASHLEY DRIVE, SUIT	E 400	A	
	P.O. Box NOT a	cceptable		
_	TAMPA, FLORIDA 33602			
The street addres as changed will b	s of its registered office and the street are identical.	ddress of the business office of its regi	istered agent,	
Such change was authorized by the	authorized by resolution duly adopted is board, or the corporation has been noti	by its board of directors or by an office fied in writing of the change.	er so	
		ANTONIO CARBONARI NETTO, M	IANAGER	
hereby accept the further agree to performance of m	or a officer or dir gio th he appointment as registered agent and comply with the provisions of all statut ny duties, and I am familiar with and act document is being filed merely to reflec to) the epyporation has been notified in	cent the obligation of my position as n	enistered	
Cobert	S. Mecanlay	MAY 22, 2015	<u>.</u>	
Signa If signing on beha	ture of Registered Agent	Date		
• -	ACAULAY, Authorized Agent			
	ed or Printed Name			

* * * FILING FEE: \$35.00 * * *