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T. CARTER

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April 2, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

CRIF CORPORATION

FAX FILINGC T CORPORATION SYSTEM**
SUITE 400
ATLANTA, GA 30339

SUBJECT: CRIF CORPORATION

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dute of submission

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

statement of char	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, norganized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this	
1. The name of the	ne corporation: CRIF CORPORAT	ION		
2. The principal	office address: 280 INTERSTATE	NORTH CIRCLE SUITE 400 ATLANTA, GA 30339	,	
3. The mailing ac	idress (if different):			
4. Date of incorp	oration/qualification: 04/02/1999	Document number: P99000030595		
5. The name and Florida Depart	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	CHRISTALDI, RONALD A			
,	101 E Kennedy BLVD		动	XX.
	Tampa, FL 33602		APR	LE AK
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	立 AM	ASSEE.
	C T Corporation System		بي	
	c/o CT Corporation System, 1200	South Pine Island Road	60	22.0
	P.O I Plantation, Florida 33324	Box NOT acceptable		➣
The street addre	ss of its registered office and the be identical.	street address of the business office of its registr	ered ager	at,
Such change was	s authorized by resolution duly a te board, on he camparation has b	idopted by its board of directors or by an officer seen notified in writing of the change.	SO	
· Ett		Eddie Woods Vice President		
I hereby accept I further agree to performance of	a nocumeni ia neiny iugu merkiy	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as reg to reflect a change in the registered office addre	istered ess, I	
Hereby confirm C	that the corporation has been no orporation statem	03/31/2015		
If signing on the	half of an entity: mes M. Halpin			
	ssistant Secretary	•		

* * * 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/)2)