	ORRENTO PKWY, STE 200			
SAN DIEGO, C/	A 92121			
Current Mail	ling Address:			
10509 VISTA	SORRENTO PKWY, STE200			
SAN DIEGO,				
,				
FEI Number: 20-8895547			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	CORPORATED			
55 OFFICE PL				
155 OFFICE PL				
155 OFFICE PL/ IST FLOOR FALLAHASSEE,	, FL 32301 US	its registered office or regis	tered agent or both in the State of	Florida
155 OFFICE PL/ 1ST FLOOR TALLAHASSEE, The above named	, FL 32301 US entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of	
55 OFFICE PL/ ST FLOOR FALLAHASSEE,	, FL 32301 US entity submits this statement for the purpose of changing : SHARON COOKE	its registered office or regis	tered agent, or both, in the State of	01/14/201
55 OFFICE PL/ ST FLOOR FALLAHASSEE,	, FL 32301 US entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of	
55 OFFICE PL ST FLOOR ALLAHASSEE, The above named SIGNATURE	FL 32301 US entity submits this statement for the purpose of changing SHARON COOKE Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of	01/14/201
55 OFFICE PL ST FLOOR ALLAHASSEE, The above named SIGNATURE	FL 32301 US entity submits this statement for the purpose of changing SHARON COOKE Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of	01/14/201
155 OFFICE PL/ 1ST FLOOR TALLAHASSEE, The above named	FL 32301 US entity submits this statement for the purpose of changing : SHARON COOKE Electronic Signature of Registered Agent ctor Detail :			01/14/201
155 OFFICE PLA IST FLOOR FALLAHASSEE, The above named SIGNATURE Officer/Direc Title	FL 32301 US entity submits this statement for the purpose of changing SHARON COOKE Electronic Signature of Registered Agent Ctor Detail : CPS	Title	VP	01/14/201 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID TEMKO

PRESIDENT

01/14/2015 Date

Electronic Signature of Signing Officer/Director Detail

Entity Name: C2 FINANCIAL CORPORATION

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business: