

Division of Corporations

832235

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380
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Account Number : FCA000000023
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
CDM SMITH INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of (MA) _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CDM Smith Inc.
- 2. The principal office address: One Cambridge Place, 30 Hampshire Street, Cambridge MA 02139
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 4-23-1974 Document number: 832235
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System
8751 West Broward Blvd.
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mario J. Marcaccio
Signature of an officer or director

Mario J. Marcaccio, General Counsel
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Connie Bryan
Signature of Registered Agent

10/17/2014
Date

If signing on behalf of an entity:
Connie Bryan
Typed or Printed Name

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