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DEFANTRENT OF TAKE ON SIGNED OF COMPONATIONS TALL HASSEE, FLORIDA

RECEIVED 09 MAY 28 PM 2: 03

FILED
2009 MAY 28 PM 3: 00
SECRETARY OF STATE

ADR 109



ACCOUNT NO. : 12000000195

REFERENCE: 999615

7288091

AUTHORIZATION

COST LIMIT

ORDER DATE: May 19, 2009

ORDER TIME : 11:20 AM

ORDER NO. : 999615-179

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME:

TEACHERS PERSONAL INVESTORS

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Sta ${f D}$ anized under the laws of the State of ${f D}$ stered agent, or both, in the State of Flor	elaware	
1. The name of	the corporation: TEACHERS PEI	RSONAL INVESTORS SERV	ICES, INC.	
7 -	office address:	1 2777 1001		
	d Avenue, 8th Floor, New Yor			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/24/2000	Document number: F000000	002251	
	d street address of the current registered rtment of State:	agent and registered office on file with t	he	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	1128	
	Corporation Service Compar	iy :	MA R	
	1201 Hays Street		ST ST	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301	<u></u>		
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its re	egistered agent,	
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an off of the change.	ficer so	
Mau	h	Maureen Cullen, Attorney i		
I hereby accept I further agree to of my duties, and document is bei corporation has Corporat	the appointment as registered agent a the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this chang- tion Service Company	tutes relative to the proper and comple ligation of my position as registered a he registered office address, I hereby c e.		
By: (Signature of Registered Agent)		05/18/2009 (Date)		
If signing on be	half of an entity:			
Elizabeth A	. Dawson, Asst. Vice Presiden	t		
	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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