11/3/2014 13:31:57 From: To: 8506176380

**Division of Corporations** 



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* מש מש

## REGISTERED AGENT CHANGE CCVSC, INC.

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11/3/2014

**COVER LETTER** 

TO: Amendment Section Division of Corporations	
CCVSC, Inc.	
Ne Ne	ame of Corporation
F06000004308 DOCUMENT NUMBER:	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
	•
Nan	ne of Contact Person
	Firm/Company
	Address
City	//State and Zip Code
Legal@ager	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter	c, please call:
	74./ \ \ \ \
Name of Contact Person	at ( ) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	ne Department of State.
<u>Malling Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corpora	
P.O. Box 6327	Clifton Building
Tallahassee, FL 323	
	Tallahassee, FL 32301

CR2E045 (03/12)

FILED

## statement of change of registered office or registered agent or \$43 both for corporations

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of DEPLASSILE, Exchange its registered office or registered agent, or both, in the State of Florida.
<del></del>	corporation: CCVSC, Inc.
2. The principal off	ice address: One Cabot Road, 4th Floor, Medford, MA 02155
3. The mailing addr	ess (if different):
4. Date of incorpora	tion/qualification: 6/21/2006 Document number: F06000004308
	eet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
Co	rporation Service Company
12	01 Hays Street
Ta	Hahassee, FL 32301-2525
6. The name and str (if changed):	eet address of the new registered agent (if changed) and /or registered office
<u>c.</u>	Corporation System
do	C T Corporation System, 1200 South Pine Island Road
Pla	P.O. Box NOT exceptable untation, Florida 33324
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
120 N.	uthorized by resolution duly adopted by its board of directors or by an officer so oayd, or the corporation has been notified in writing of the charge of th
I hereby accept the I further agree to c performance of my agent. Or, if this d hereby confirm that	appointment as registered agent and agree to act in this capacity.  omply with the provisions of all statutes relative to the proper and complete dulies, and I am familiar with and accept the obligation of my position as registered ocument is being filed merely to reflect a change in the registered office address, I the corporation has been notified in writing of this change.  Little IT. Kristiz Special Assistant
By Yeur	Special Assistant  Secretary  Of Resistant Cont
If signing on behalf	Fof an entity:
Турей	or Printed Name

\* \* \* 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 (03/12)