

FO7000005067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Change

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13 JAN 31 PM 4:23

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2013 JAN 31 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOE
2/1/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 514201 7920329

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : January 31, 2013

ORDER TIME : 3:35 PM

ORDER NO. : 514201-005

CUSTOMER NO: 7920329

CHANGE OF AGENT

NAME: APPLIED PROACTIVE
TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: _____

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 Mass.
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: APPLIED PROACTIVE TECHNOLOGIES, INC.
2. The principal office address: _____
146 Chestnut Street, Springfield, MA 01103
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/11/2007 Document number: F07000005067
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)

Registered Agent Solutions, Inc.

155 Office Plaza Drive Suite A

Tallahassee, FL 32301

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Maureen Cathell
Signature of an officer or director

Maureen Cathell, Vice President

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.*

Corporation Service Company

By: Sylvia Queppet
Signature of Registered Agent

January 28, 2013

Date

If signing on behalf of an entity:

Sylvia Queppet, Asst.VP

Typed 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)

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DIVISION OF STATE
TALLAHASSEE, FLORIDA