

To: FL Dept of State  
Subject: RA2393.104803

From: Kim Weidenbach

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Division of Corporations

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**P 32795**

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6380

From: Account Name : CORPDIRECT AGENTS, INC.  
 Account Number : 110450000714  
 Phone : (850) 222-1173  
 Fax Number : (850) 224-1640

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**REGISTERED AGENT CHANGE**

**THE MIDDLESEX CORPORATION**

Certificate of Status	0
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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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: THE MIDDLESEX CORPORATION
- 2. The principal office address: ONE SPECTACLE POND ROAD  
LITTLETON MA 01460 US
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/12/1991 Document number: P32785

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  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324 US

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

CorpDirect Agents, Inc.  
515 E. Park Ave.  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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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.

Robert N. Jacobson Signature of corporation officer      Robert N. Jacobson 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.*

Katie Wonsch Signature of Registered Agent      05/29/09 Date

If signing on behalf of an entity:

Katie Wonsch, Assistant Secretary  
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 (1/05)

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