F9300004559

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
| (City (Chaty IT) Dl. on - 40 | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: DEMATTEO PROPERTIES, INC. | | | | | |
| SUBJECT: DEMATTEO PROPERTIES, INC. (Name of corporation) | | | | | |
| DOCUMENT NUMBER: F93000004559 | | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| COLLEEN BARRETT | | | | | |
| (Name of person) | | | | | |
| BAY STATE CORPORATE SERVICES | | | | | |
| (Name of firm/company) | | | | | |
| 6 BEACON STREET, SUITE 510 | | | | | |
| (Address) | | | | | |
| BOSTON, MA 02108 | | | | | |
| (City/state and zip code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| COLLEEN BARRETT at (617) 742-8484 (Area code & daytime telephone number) | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| | | 0502, 607.1508, or 617.1508, Florida Statutes, th | • | |
|---|--|--|--|--|
| change is submitted for a corporation organized under the laws of the State of MASSACHUSETTS to change its registered office or registered agent, or both, in the State of Florida. | | | | |
| | | • | | |
| | the corporation: DEMATTEO PRO | | _ : | |
| 2. The principal | | STREET, C-16, NORWELL, MA 02061 | | |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: 10/11/93 | | | |
| | d street address of the current registere runent of State: | ed agent and registered office on file with the | | |
| | CT CORPORATION SYSTEM | | 1 | |
| | C/O CT CORPORATION SYSTEM | M, 1200 SOUTH PINE ISLAND ROAD | OS JI | |
| | PLANTATION, FL 33324 | | 第二 | |
| 6. The name an (if changed): | d street address of the new registered a | agent (if changed) and /or registered office | A SELECTION OF THE COLUMN TO T | |
| | NRAI Services, Inc. | <u> </u> | 第 年 | |
| | 2731 Executive Park Drive, Sui | | 3 | |
| | _ | onal mailbox NOT acceptable) | | |
| | Weston, FL 33331 | | | |
| The street addr | ess of its registered office and the street eidentical. | reet address of the business office of its registere | ed agent, as | |
| Such change w | as authorized by resolution duly ado the corporation has been notified in w | pted by its board of directors or by an officer soriting of the change. | authorized by | |
| In Josep | M. JOSEPH DEMATTEO, PRESIDENT (Printed or typed name and title) | | | |
| veen nouji <u>e</u> a ir | i writing of this change, | t and agree to act in this capacity statutes relative to the proper and complete per ation of my position as registered agent. Or, if i red office address, I hereby confirm that the cor | formance of my his document is poration has | |
| NRAI Services | (Signature of Registered Agent) | 6-2-05 (Date) | | |
| If signing on be | ehalf of an entity: | ` ' | | |
| SUZANNE CI | | ASSISTANT SECRETARY | | |
| | (Typed or Printed Name) | (Capacity) | | |

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