Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

001809-1540

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number: 110450000714 Phone: (850)222-1173 Fax Number: (850)224-1640

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

Email Address:

LAHASSEE, FEORIDA

REGISTERED AGENT CHANGE TSOI/KOBUS & ASSOCIATES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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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, statement of change is submitted for a corporation organized in order to change its registered office or registered.	ed under the laws of the State of Delaware	
1. The page of the corporation: TSOI/KOBUS & ASSOCIATES, INC.		
The principal office address: One Brattle Square / Cambridge, MA 02238	PO Box 9114	
3. The mailing address (if different):		
4. Date of incorporation/qualification: Nov 8, 2000	Pocument number: F0000006271	
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned		
Corporation Service Company	33.	
1201 Hays Street	7.5	
Tallahassee, Florida 32301-2525	ORIDE	
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	
National Corporate Research, Ltd	d., Inc.	
515 East Park Avenue,		
P.O. Box NOT Tallahassee, Florida 32301	acceptable	
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so little in writing of the change.	
Ud. Colos	Richard L. Kobus, President	
Printeged at an officer or girector	Printed of typed name and fills	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.		
Signature, of Repositred Agent	9/22/2011	
If signing on behalf of an entity:	· Uste	
Lucy Dawson, Assistant Secretary		
Typed or Printed Name		
* * * PII INC PE	7. C2E AA + +	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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