F01000003153

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone#	9)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	f Status		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: October 3, 2014

Order#: 322246-007

Re: STEPHENS & MICHAELS ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of NH registered agent, or both, in the State of Florida.			
1. The name of t	he corporation: STEPHENS & MIC	CHAELS ASSOCIATES, INC.			
2. The principal	office address: D, SALEM NH 03079				
-	ddress (if different): 09, Salem, NH 03079				_
4. Date of incorp	poration/qualification: 06/14/2001	Document number: F01000003152			_
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the			
	NATIONAL CORPORATE RESE	ARCH, LTD., INC.			
	155 OFFICE PLAZA DRIVE				
	TALLAHASSEE	FL 32301			
6. The name and (if changed):	Ç	ed agent (if changed) and /or registered office	SECRETARY TALLAHASSE	14 OCT -7 AM 1:	
	Corporation Service Company		RY C	7	ר בונים
	1201 Hays Street)FS	=	•
	Tallahassee	ox NOT acceptable FL 32301	TATE ORIDA	19	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regist	ered age	nt,	
ŭ		dopted by its board of directors or by an officer sen notified in writing of the change.	so		
	72/2	Dona Priebe, Vice President			
Signatu	of an officer of director	Printed or typed name and title		-	
I further agree a performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. ll statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addre ified in writing of this change.	istered ess, I		
By:	nature of Registered Agent	October 2, 2014		-	
_	half of an entity:	24.5			
Grace E. Kirby	, Asst. Vice President				
T	yped or Printed Name				

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