Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Account Number : FCA0000000023

APhone : (850)222-1092

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## REGISTERED AGENT CHANGE

HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware 10 change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Hill, Holliday, Connors, Cosmopulos, Inc.
	office address: 200 Clarendon Street, Boston, MA 02116
3. The mailing as	ddress (if different): 404 Washington Que, Gth Floor Miami Beach, FL 33139
4. Date of incorp	poration/qualification: 08/15/2001 Document number: P01000004321
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State;
	Corporation Service Company
	1201 Hays Street, Tallahagsee, FL 32301
	Tallahassee, FL 32301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	(P.O. Box NOT acceptable) Plantation, Florida 33324
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so as board, or the corporation has been notified in writing of the change.
	Mark Eppley, Autorney in Fact (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete performance of a sum familiar with and accept the obligation of my position as registered agent. Or, if this ny filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: M.	CT Corporation System  (Name of Replacement)  (Date)
If signing on be	half of an entity:  Mark S. Eppley  Assistant Vice-President  and Secretary
C	(yped or Friated Name)
	* * * FILING PEE: \$35.00 * * *
M. CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL006 - 09/14/2005 CT System Online