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Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Novations Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F01000005256

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:

Jessica Lappin

(Name of Contact Person)

Bay State Corporate Services, Inc.

(Firm/Company)

6 Beacon Street, Suite 510

(Address)

Boston, Massachusetts 02108

(City/State and Zip Code)

For further information concerning this matter, please call:

JessicaLappinat (617) 742-8484(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617) 742-8484 Fax: (617) 742-8482

February 16, 2007

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Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s):

NOVATIONS GROUP, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Jessica Lappin

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 $______$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	Novations Gro	oup, Inc.
1. The name of the corporation:	Novations Gro	oup, Inc.

2. The principal office address: 10 Guest Street, Suite 300

Boston, MA 02135

3. The mailing address (if different):____

4. Date of incorporation/qualification: <u>11/23/1998</u> Document number: <u>F0100000525</u>

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

director)

S. Garrett Stonehouse, Treasurer & Secretary (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.

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If signing on behalf of an entity:

Jessica Lappin, Asst. Secretary (Typed or Printed Name)

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