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(Re	equestor's Name)		
(Address)			
(Ad	Idress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
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2A Charge

DEPARTMENT OF STATE





CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	I20000000195
TOCOULT	110.	•	1200000001

REFERENCE : 409524

7198983

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: November 2, 2012

ORDER TIME: 10:39 AM

ORDER NO. : 409524-005

CUSTOMER NO: 7198983

CHANGE OF AGENT

NAME: JENZABAR, INC.

DI.EACE	NGITTAG	THE	FOLLOWING	ΔS	PROOF	OF	FILING
LULIAGE	KELUKI	TUU	LOTTOMATIAG	$\Delta \omega$	TILOUT	\sim	

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.
		•
	he corporation: JENZABAR, INC	<i>-</i>
2. The principal 101 Huntin	office address: igton Avenue, Suite 2205, Bo	oston, MA 02199
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 04/04/200	2
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the signed)
	C T Corporation System	
	1200 South Pine Island Roa	d SE
	Plantation, FL 33324	AR AR FI
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office of the second of the seco
	Corporation Service Compa	OR ILLI
	1201 Hays Street	——————————————————————————————————————
	P.O. Bo Tallahassee, FL 32301	x NOT acceptable
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.
<u> </u>	e of an other or director	Maureen Cathell, VP Printed or typed name and title
I further agree to performance of agent. Or, if this hereby confirm to	a camply with the provisions at all	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
By: € e	aupo	11/02/2012
~	nature of Ragistered Agent	Date
	nalf of an entity:	
Sylvia Quepp	pet, Asst. VP	
1 y	post of Finned Name	

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