

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Phone

1 (850)222-1092

Fax Number

: (850)878-5368

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## REGISTERED AGENT CHANGE T. ROWE PRICE ADVISORY SERVICES, INC.

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Corporate Filing Menu

10/19/2012

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## **COVER LETTER**

ŢO:	Amendment Section Division of Corporations	
erio i	T. Rowe Price Advisory Services, Inc.	
SUBI	Name of Corporation	
DOC	UMENT NUMBER:	
The c	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Name of Contact Person	
	ivalic of Contact I erson	
	Firm/Company	
	· mas Company	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	or (	
	Name of Contact Person at (	Jumber
Enclos	ed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Street Address:	
	Mailing Address:  Amendment Section  Division of Compositions  Division of Compositions	
	PRODUCTORY OF TO HOLSIVICE SHORESOCIOLATED TO HOLKIVICE	

CR2E045 (03/12)

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P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

	nge is submitted for a corporation organized un r to change its registered office or registered ag		
	T. Bassa Brian Advisor C		
	he corporation: 1. Nowe Price Advisory Se office address: 100 East Pran Street, BA 1340, Bal		
2. The principal	1		
3. The mailing a			
4. Date of incorp	oration/qualification: May 8, 2002 E	Document number: F0200000231	0
5. The name and	street address of the current registered agent and truent of State: (If resigned, enter resigned)		
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301-2525		12 9CT
5. The name and (if changed):	street address of the new registered agent (if ch	anged) and /or registered office	119
	C T Corporation System		
	e/o C T Corporation System, 1200 South Pine Islan		
	P.O. Box NOT acceptable Florida 33324	<b>.</b>	
The street addre	ss of its registered office and the street address be identical.	of the business office of its reg	ristered agent
	s authorized by resolution duly adopted by its be c board, or the corporation has been notified in		
	$C \sim A = A = A$	i writing of the change.  of J. Banks, Vice President	
	s of an officer or director	Printed or typed name and little	
ggent. Or, 17 thi hereby confirm	the appointment as registered agent and agree to comply with the provisions of all statutes relay duties, and I am familiar with and accept the statutes and I am familiar with and accept the statutes are the statutes are the corporation has been notified in writing the corporation by the corporation of the corporation by the corporati	to act in this capacity, attive to the proper and complet to the proper and complet to obligation of my position as to ange in the registered office adg of this change.	e egistered dr <b>es</b> s, I
	ature of Registered Agent	Date	<del></del>
f signing on bel	nalf of an entity:		

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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314