

**F02000003130**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**REGISTERED AGENT CHANGE  
CARLISLE & GALLAGHER CONSULTING GROUP, INC.**

Certificate of Status	0
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Page Count	03
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARLISLE & GALLAGHER CONSULTING GROUP, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F02000003130

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:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

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

**Mailing Address:**  
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

CR2E045 (03/12)

**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 North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARLISLE & GALLAGHER CONSULTING GROUP, INC.
2. The principal office address: 100 City Square, Boston, MA 02129
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/19/2002 Document number: F02000003130

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CARLISLE, THOMAS G

841 PRUDENTIAL DRIVE SUITE 1430

JACKSONVILLE, FL 32207

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

NRAI Services, Inc.

c/o NRAI Services, Inc., 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

*Charles C. Gill*  
Signature of an officer or director

Charles C. Gill, Assistant Treasurer

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.*

*BAS*  
By: Agnes Broszczak  
Signature of Registered Agent

12/31/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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