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R.A. Change

C. Coulliette AUG 1 1 2006



ACCOUNT NO. : 072100000032 REFERENCE: 296927 AUTHORIZATION : COST LIMIT : ORDER DATE: August 8, 2006 ORDER TIME : 10:08 AM ORDER NO. : 296927-165 CUSTOMER NO: 4610148 CHANGE OF AGENT NAME: WINDWARD SECURITIES CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan EXAMINER'S INITIALS:

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

statement of chan	rovisions of sections 607.0502, 617.0502 ge is submitted for a corporation organiz to change its registered office or registen	zed under the laws of the State of	New Hampshire	- .,
1. The name of th	e corporation: WINDWARD SECURITIE	ES CORPORATION		•
2. The principal of	office address: One Granite Place, Concord	d, NH 03301		
3. The mailing ac	dress (if different):			fat.
4. Date of incorp	oration/qualification: 07/25/2003	Document number: F030000	003697	
	street address of the current registered ag	ent and registered office on file w	ith the	
	CT Corporation System		_	
·	1200 South Pine Island Road		· ·	1.18 (
	Plantation, FL 33324		<u> </u>	·· •.
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered of	2006 AUG	. ´ -
	Corporation Service Company	-	IG - ASS	LL.
	1201 Hays Street		70 7	F
	(P.O. Box NOT acceptable) Tallahassee, FL 32301		M 1:51	
The street address as changed will	ss of its registered office and the street a be identical.	address of the business office of	its registered age	nt,
Such change wa	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by a tified in writing of the change.	n officer so	
Signatur	e of an officer or director)	Maureen Cullen, Attorney in Fact		~
I further agrée to of my duties, and document is beir corporation has	the appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	ites relative to the proper and co	mplete performa ed agent. Or, if t eby confirm that t	nce his he
By: Corporation	Service Company	08/08/2006	-	
	nature of Registered Agent)	(Date)		-
If signing on bel	nalf of an entity:			
	son, Asst. Vice President	Text.		<u></u>
(1)	yped or Printed Name) * * * FILING FE	E: \$35.00 * * *	•	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)