

F030000005460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

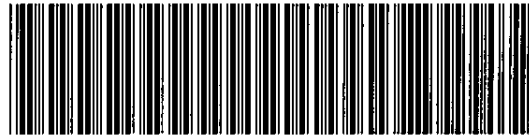
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400188825514

12/20/10--01019--016 **35.00

RA Co 2hy

FILED
10 DEC 20 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 22 2010

*Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 510
Boston, MA 02108
(617) 742-8484 Fax: (617) 742-8482*

December 10, 2010

Enclosed you will find (1) Corporate Change of Agent filing(s) for Florida

Subject name(s):

Jay Cashman, 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.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Alison Bouchard

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAY CASHMAN, INC.
(Name of Corporation)

DOCUMENT NUMBER: F03000005460

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:

ALISON BOUCHARD
(Name of Contact Person)

BAY STATE CORPORATE SERVICES, INC.
(Firm/Company)

6 BEACON STREET, SUITE 510
(Address)

BOSTON, MA 02108
(City/State and Zip Code)

For further information concerning this matter, please call:

ALISON BOUCHARD at (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.

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

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

1. The name of the corporation: JAY CASHMAN, INC.
2. The principal office address: 549 South Street, Quincy, MA 02169
3. The mailing address (if different): PO Box 692396, Quincy, MA 02269
4. Date of incorporation/qualification: 11/3/03 Document number: F03000005460
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.

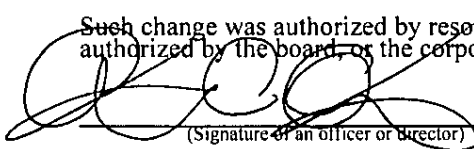
2731 Executive Park Drive, Suite 4

(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.


(Signature of an officer or director)

Christopher Anderson, CFO

(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.


(Signature of Registered Agent)

8/24/2010
(Date)

If signing on behalf of an entity:

Suzanne T. Cryan

(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

CR2E045 (8/05)

FILED
10 DEC 20 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA