

FD3000005696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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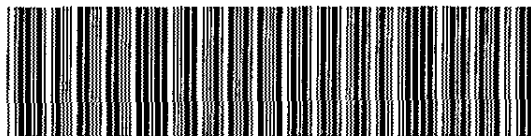
(Business Entity Name)

(Document Number)

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FILED
04 MAY -7 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 MAY -7 AM 10:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. Coulllette MAY 07 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 613077 124269A

AUTHORIZATION :

Patricia Pijut

COST LIMIT : \$ 35.00

ORDER DATE : May 4, 2004

ORDER TIME : 9:50 AM

ORDER NO. : 613077-100

CUSTOMER NO: 124269A

CUSTOMER: Ms. Sally Fortier Murphy
Massachusetts Mutual Life
1295 State Street

Springfield, MA 01111

CHANGE OF AGENT

NAME: MASSMUTUAL OWNERS ASSOCIATION,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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

1. The name of the corporation: MASSMUTUAL OWNERS ASSOCIATION, INC.
2. The principal office address: 1295 State Street, Springfield, MA 01111
3. The mailing address (if different): _____
4. Date of incorporation/qualification: November 07, 2003 Document number: F03000005696
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T 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):

Corporation Service Company

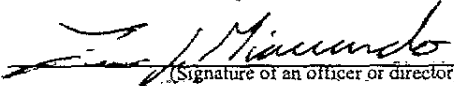
1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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)

Louis J. Giaccardo, Attorney in Fact
(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.

Corporation Service Company
By: 
(Signature of Registered Agent)

April 29, 2004

(Date)

If signing on behalf of an entity:

Jacqueline M. Giles

(Typed or Printed Name)

Asst. Vice President

(Capacity)

*** 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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