Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195
Phone : (850)521-1000

Fax Number : (850)558-1575

RECEIVED
35 DEC -7 AM 8: 00
ALTERNATION

REGISTERED AGENT CHANGE

KOBREN INSIGHT MANAGEMENT, INC.

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\$35.00

Electronic Filing Manu.

Corporate Filing

Rublic Access Help

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

statement of cha	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati change is submitted for a corporation organized under the laws of the State of Max rder to change its registered office or registered agent, or both, in the State of Flori	ssachusei		
	of the corporation: Kobren Insight Management, Inc.			-
	oal office address: 20 William Street, Suite 310, Wellesley Hills, MA 02481			
3. The mailing a	g address (if different):			
4. Date of incom	orporation/qualification: 03/26/2004 Document number: F040000018.	39		• .
5. The name and Florida Depar	and street address of the current registered agent and registered office on file with the partment of State;	AL CAL	05 DEC	-11
	Eric M. Kobren	IAS.	1	-
	595 Bay Isles Road, Suite 120G	SEC.	P	1
	Longboat Key, Florida 34228	F. ST	డ్టు	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office	ATE	05	
	Corporation Service Company			3-
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
=	Tallahassee, FL 32301 dress of its registered office and the street address of the business office of its realily be identical.		agent	,
Such change was authorized by th	was authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so		
(uit	Cynthia Book, Secretary Cynthia Book, Secretary [Printed or typed name and title]			
I hereby accept I further agree to of my duties, an document is beli corporation has	opt the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered ago seing filed merely to reflect a change in the registered office address, I hereby class been notified in writing of this change.		rmanc if thi hat the	e Is S
By: MALOL	Welle R Vannoy Dea 6 2000 (Date)	5_		
_	behalf of an entity:			
Michelle R	R. Vannoy, Asst. VP (Typed or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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