Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-3926

REGISTERED AGENT CHANGE

THE MANAGING AGENCY GROUP, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	
in order to change its registered office or regist	
1. The name of the corporation: The Managing Agency G	roup, Inc.
2. The principal office address: ONE ENTERPRISE DRI	ve, suite 210 Shelton CT 06484
3. The mailing address (if different):	
4. Date of incorporation/qualification; 9/29/2004	Document number: F04000005646
 The name and street address of the current registered a Florida Department of State: 	agent and registered office on file with the
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
Tallahásseb, fl 32301	08
6. The name and street address of the new registered age (if changed):	
C T Corpora	ion System
o/o C T Corporation System, 1 (P.O. Box NOT receptable)	
Plantation, Flo	· .
The street address of its registered office and the streets changed will be identical.	t address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.
(Signature of an officer of director)	Jaimie Patti, Secretary (Printed or typed hame and title)
I hereby dogent the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob document is being filed merely to reflect a change in t corporation has been notified in writing of this chang	nd agree to act in this capacity. Itules relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered affice address, I hereby confirm that the e.
By: Www. Word	September 26, 2008
(Saguature of Registered Agent)	(Date)
If signing on behalf of an entity: Megan G. Ware	
Assistant Secretary	
* * * Filing F	EE: \$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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CR2E045 (8/05)