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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number .: (850)878-5926

REGISTERED AGENT CHANGE

ERNATIONAL NORTHEAST LIMITED CORPORATION

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a c	07.0502, 617.0502, 607.150. orporation organized under	the laws of the State of De	laware	
	_	d office or registered agent, emetional Northeast Limited (_	riaa.	
	<u> </u>				
		NEW YORK NY 10018			
3. The mailing a	iddress (if different):				
4. Date of incom	poration/qualification: 0	7/13/06 Docu	ment number: F06000005	345	
	l street address of the cu tment of State:	rrent registered agent and re	gistered office on file with		
	CORPORATION SERV	VICE COMPANY	· .	2008 JUL SECRET TALLAHA	
	1201 HAYS ST TALL	AHASSEE, FL 32301		JUL -3 RETAR	
6. The name and (if changed):	street address of the ne	w registered agent (if change C T Corporation System	,	TARY OF STATE ASSEE, FLORIDA	
•	a/o C T Com	omition System 1200 South P	line Island Pond		
	c/o C T Corporation System, 1200 South Pine Island Road (P.O. Box NOT acceptable)				
	-	Plantation, Florida 33324			
as changed will	be identical.	ce and the street address of tion duly adopted by its bor tion has been notified in w	•		
authorized by th	ie board, or the corpora	tion has been notified in w	riting of the change.		
Shipari	of an older or director)	Kimberl	y Breunling, Vice President (Frinted or typed name and till		
l hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as rec to comply with the prov d I am familiar with ar ng filed merely to refle been notified in writin	distered agent and agree to isions of all statutes relative d accept the obligation of ct a change in the registere g of this change.		•	
By: Win	C & Corporation Rvetem	Megan G. Ware Assistant Secretary	7/3/0	8'	
If signing on be	half of an				
(1	yped or Printed Name)	<u></u>			
		* * FILING FEE: \$35.00	***		

Make checks payable to florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

PL006 - 09/14/2003 C T System Online

CR2E045 (8/05)