F07000002075

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DEPARTMENT OF STATE

RA. Clg. C.COULLIETTE

EXAMINER

DEC 29 2011



ACCOUNT NO. : I2000000195

REFERENCE: 040924 7862649

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 28, 2011

ORDER TIME : 12:57 PM

ORDER NO. : 040924-006

CUSTOMER NO: 7862649

CHANGE OF AGENT

NAME: OMNIGUIDE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX____ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation orga	102, 607.1508, or 617.1508, Florida Statutes, this inized under the laws of the State of Delaware stered agent, or both, in the State of Florida.	
1. The name of	the corporation: OMNIGUIDE, INC.		
2. The principal	office address: One Kendall Square,	Building 100, 3rd Fl., Cambridge, MA 02139	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 04/12/2007	Document number: F0700002075	
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	NRAI Services, Inc.		
	515 E. Park Avenue		
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	TI DEC 29 PM
	Corporation Service Company		אורבט
	1201 Hays Street (P.O. Box NOT acceptable)		≖် ယ
	Tallahassee, FL 32301	<u> </u>	: 28
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,	ı
_		ed by its board of directors or by an officer so otified in writing of the change.	
11 9W	ren Cathell	Maureen Cathell, Vice President	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in the s been notified in writing of this change on Service Company	(Printed or typed name and title) nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.	25
By: Copy	entun de Constered Agent)	12/27/2011 (Date)	
If signing on be	chalf of an entity:	V//	
5 5	Dawson, Asst. VP		
	Typed or Printed Name)		

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