

FD7000003242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

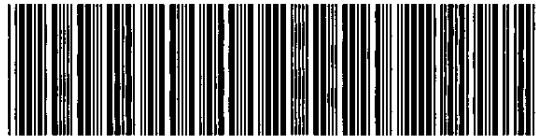
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOV 30 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAZE CONSULTANTS & INVESTIGATIONS, INC.

Name of Corporation

**DOCUMENT NUMBER:** F07000003242

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur J. Murphy, Jr.

Name of Contact Person

MAZE CONSULTANTS & INVESTIGATIONS, INC.

Firm/Company

37-39 West Main Street, Suite 3

Address

Georgetown, Massachusetts 01833-2000

City/State and Zip Code

ajmurphy@maze-pi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur J. Murphy, Jr.

Name of Contact Person

at (

978)

Area Code & Daytime Telephone Number

352-7722

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Amendment Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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: MAZE CONSULTANTS & INVESTIGATIONS, INC (UPDATED)

2. The principal office address: 37-39 West Main Street, Suite 3  
Georgetown, Massachusetts 01833-2000

3. The mailing address (if different): Same

4. Date of incorporation/qualification. 10-26-07 Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Clayton L. Camblin/Jurney & Associates, Inc.  
782 NW 42nd Avenue, Suite 429  
Miami, Florida 33126-5541

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Linda Koenigsberg, Esquire  
1925 Brickell Avenue, Suite D207  
P.O. Box NOT acceptable  
Miami, Florida 33129-2900

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.

Arthur J. Murphy, Jr.  
Signature of an officer or director

Arthur J. Murphy, Jr., President  
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.*

[Signature]  
Signature of Registered Agent

11/3/09  
Date

If signing on behalf of an entity:

LINDA KOENIGSBERG  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314