

5/7/2013 14:40:45 From: To: 8506176380

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
DAVIS MARCUS MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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13 MAY -7 AM 8:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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Corporate Filing Menu

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**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_ Name of Corporation

DOCUMENT NUMBER: F07000004164

Name of Contact Person

Firm/Company

**Address**

City/State and Zip Code

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

Name of Contact Person \_\_\_\_\_ at ( ) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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**

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**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: Davis Marcus Management, Inc.
2. The principal office address: One Appleton Street, Boston, MA 02116
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: August 17, 2007 Document number: F07000004164

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)

Registered Agent Solutions, Inc.

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

[Signature] Jonathan G. Davis, Chief Executive Officer  
Signature of an officer or director 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.

By: [Signature] 5/7/13  
Signature of Registered Agent Date

If signing on behalf of an entity:

AMBERTSLETT  
VICE PRESIDENT  
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

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