F07000004388

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SECRETARY OF STATE

SECRETARY OF STA

8/25/10

To: FL Corporation Division.

Re: Northeast Noise Abatement Corporation

Enclosed please find one Statement of Change form and a check for \$35.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

Please return all completed documents to:

CTProComply
Attn: Filing Department
8040 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department CTProComply

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor unge is submitted for a corporation organized under the laws of the State or to change its registered office or registered agent, or both, in the State	of Rhode Island
·	the corporation: Northeast Noise Abatement Corporation	e of Fioriaa.
2. The principal of	office address: 33 Alfred St, Warwick, RI 02889	
3. The mailing ac	address (if different):	
4. Date of incorp	poration/qualification: 8/30/2007 Document number:	F07000004388
	d street address of the current registered agent and registered office on firtment of State: (If resigned, enter resigned)	le with the
	JOHNSON, DAWN R	•
	3419 GALT OCEAN DRIVE, SUITE A	SEC
	FORT LAUDERDALE FL 33308	FIL QRETAR CRETAR
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	ME 24 M 8: RETARY OF STA
	C T Corporation System	; 25
	1200 South Pine Island Road	
	P.O. Box NOT acceptable	
	Plantation, FL 33324	
	ess of its registered office and the street address of the business office	
Such change was authorized by	as authorized by resolution duly adopted by its board of directors or he board, or the dopporation has been notified in writing of the chang	by an officer so e.
	Joe Welch, P	
Signatur	- /	
I further agree to of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I is been notified in writing of this change.	y, d complete performance istered agent. Or, if this hereby confirm that the
By: Sign	enature of Registered Agent 8 70 10	
5	chalf of an entity:	
	Mark Williams, A.V.P., C T Corporation System	
T	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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