

F07000005/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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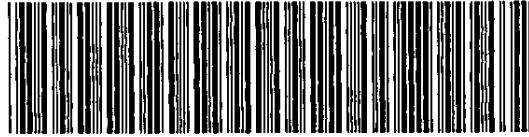
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2013
T. LEMLEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Program Management, Inc.

Name of Corporation

DOCUMENT NUMBER: F07000005199

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:

Suzanne Cryan

Name of Contact Person

Baystate Corporate Services, Inc.

Firm/Company

6 Beacon Street, Suite 510

Address

Boston, MA 02108

City/State and Zip Code

klauro@lancerinsurance.com

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

For further information concerning this matter, please call:

Suzanne Cryan

617 742-8484

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

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

CR2E045 (03/12)

**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Total Program Management, Inc.
2. The principal office address: 4175 Veterans Memorial Highway, Suite 306, Ronkonkoma, NY 11779
3. The mailing address (if different): _____
P.O. Box 9004, Long Beach, NY 11561-9004
4. Date of incorporation/qualification: 10/18/2007 Document number: F07000005199
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)

3 H Agent Services, Inc.
1970 Otter Way
Palm Harbor, FL 34685

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

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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.

Gail W. Reilly
Signature of an officer or director

Gail W. Reilly, SVP
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: Suzanne T. Cryan
Signature of Registered Agent

7/26/13
Date

If signing on behalf of an entity:

Suzanne T. Cryan
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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