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Florida Department of State
 Division of Corporations
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To:

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

001809-150517

From:

Account Name : CORPDIRECT AGENTS, INC.
 Account Number : 110450000714
 Phone : (850) 222-1173
 Fax Number : (850) 224-1640

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
 SYMMES, MAINI & MCKEE ASSOCIATES, INC.**

Certificate of Status	0
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Page Count	02
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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: SYMMES, MAINI & MCKEE ASSOCIATES, INC.

2. The principal office address: 1000 Massachusetts Ave.
Cambridge, MA 02138

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Oct 2, 2008 Document number: F08000004322

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)

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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

National Corporate Research, Ltd., Inc.

515 East Park Avenue,

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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.

Lucy Dawson
Signature of an officer or director

Joel G. Seeley, EVP, Clerk

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.

Lucy Dawson
Signature of Registered Agent

6/27/2011
Date

If signing on behalf of an entity:

Lucy Dawson, Assistant Secretary

Typed or Printed Name

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

MAKING CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21045 (8/05)

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