

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 : (850)521-1000 Phone

Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

SPIRE CORPORATION OF MASSACHUSETTS

Certificate of Status	0
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Help

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of <u>Massachusetts</u> or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SPIRE CORPORATION OF MASSACHUSETTS
	office address: 3727 Doral St., Palm Harbor, FL 34685
2. The principal	Unite address.
3. The mailing a	ddress (if different):
4. Date of incor	poration/qualification: 8/21/2009 Document number: F09000003343
	d street address of the current registered agent and registered office on file with the street of State:
•	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by the	as authorized by resolution duly adopted by its boatd of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Ga Mark	Michael W. O'Dougherty Secretary (Printed or Typed name and time)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to bample to early with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ang filed merely to reflect a change in the registered office address, I hereby confirm that the
By: \(\sigma \)	tion Service Company (N) (Description of Registered Agent) (Date)
If signing on be	half of an entity:
	opet, Asst. Vice President
(7	*** FILING FEE: \$35.00 * * *
M CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 38314