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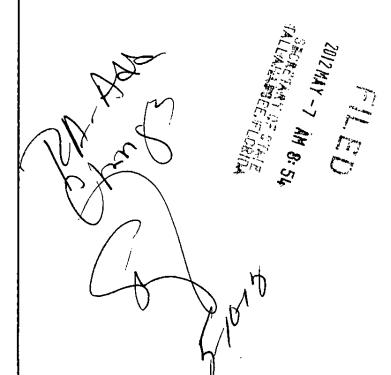
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Viewpoint CRM Inc. Name of Corporation
DOCUMENT NUMBER:
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:
Whichael History O Name of Contagn Person
Viewpoint CRW, Inc.
220 Howard St
Addiess
Lowell, MA 01851
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wichael Hand at 617 507 6698 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Malling 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 (8/05)

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

statement of	change is submitted for a corporatio	617.0302, 607.1308, or 617.1308, Flori on organized under the laws of the State	or Messachusetts
		or registered agent, or both, in the State	2 m
	ipal office address: 270 Ho	A	MA GISSI
3. The mailin	ng address (if different):		A 31
4. Date of inc	corporation/qualification: \\2/2\	/2009 Document number:	0908800588
5. The name		stered agent and registered office on file	
egistered	Steve E. Pakey	Niewpoint CRM, In	e Registere
Kaent	1920 Northgote Bul A-	9 1920 Northgate Blv	2A-9
	Sarasota, FL 3423	4 Suasota, FL 342	34
6. The name (if change		red agent (if changed) and /or registered	loffice Care
this tues	Contractor Licensing	Inch	- office
Har	12268 Tamiam Tol. E.	#301/122000 TamiamiTrl	.E,#301
	Nayles, FL 34113	Naples, FL 341	13
		e street address of the business office	
Such change authorized by	y the board, or the corporation has	adopted by its board of directors or been notified in writing of the change.	
, , ,	matter of an officer or director	ERMA GORA	
I nereoy acc. I further agr Of my duties, document is corporation	ept the appointment as registered a ee to comply with the provisions of and I am familiur with and accept being filed merely to reflect a chan has been notified in writing of this	gent und agree to act in this capacity all statutes relative to the proper and the obligation of my position as regist ge in the registered office address, I h change.	complete performance tered agent. Or, if this ereby confirm that the
05	Signature of Registered Agent	4/23/701	
/1 *. a	behalf of an entity:	534.	
Vav-J	L. Teker Jr Pres. 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 cr2e045 (8/05)