F10000001038

(Requesto	rs Name)			
(Address)				
(
(Address)				
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT [MAIL		
(Business Entity Name)				
(Documer	nt Number)			
(2004)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SUGALISAN DE STATE
SUGALISAN DE STATE

C.M. 7/29/14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: July 11, 2014

Order#: 200519-010

Re: ALAN GRAY INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

14 JUL 14 AR 8: 16
STURGIAGE OF STATE
FALL ARASSET FLORIDA

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

statement of cha	provisions of sections 607.0502 inge is submitted for a corporal r to change its registered office	ion orga	nized under the la	ws of the State of	MA	-
	he corporation: ALAN GRAY II	·	-			
	office address:STREET, BOSTON MA 02110					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 03/01/20	010	Document	number: F10000	001038	
	d street address of the current returnent of State: (If resigned, en	_	-	ed office on file v	vith the	
	NRAI SERVICES, INC.				_ =	
	1200 SOUTH PINE ISLAND ROAD					
	Plantation		FL	33324	SSVHVSS	*******
6. The name and (if changed):	d street address of the new regis		nt (if changed) an	d /or registered o	ffice FLORR	T
	Corporation Service Compan	y 			- 55 - 6	
	1201 Hays Street	O. Box NO	C accentuble		_	
	Tallahassee	O. 100 110	FL FL	32301		
The street address changed will	ess of its registered office and be identical.	he street	address of the bu	siness office of i	ts registered agei	nt,
Such change wa authorized by th	as authorized by resolution duline board, or the corporation ha	y adopted s been no	d by its board of dotified in writing o	lirectors or by an of the change.	officer so	
			Dona Priebe, V			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been in Service Company	of all stat with and a ely to refl	nd agree to act in utes relative to th accept the obligat lect a change in th	e proper and con ion of my positio ie registered offi	nplete n as registered	•
	nature of Registered Agent			Date		,
If signing on be	half of an entity:					
	Assistant Vice President					
T	yped or Printed Name					

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