F10000001528

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: Frost Specialty Inc.	orporation)			
	`	,			
DOCU	JMENT NUMBER: F10000004528				
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	1				
	Elizabeth A. Harker				
	(Name of Contact Person)				
	3H Agent Services, Inc.				
	(Firm/Co	mpany)			
6 Clement Avenue					
(Address)					
	Saratoga Springs, NY 12866				
(City/State and Zip Code)					
For fur	ther information concerning this matter, please ca	all:			
Flizab	eth A. Harker				
	(Name of Contact Person)	at (800) 796-7859 (Area Code & Daytime Telephone Number)			
Enclos	ed is a \$35.00 check made payable to the Departr	nent of State.			
		•			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

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

statement of cha	,	t, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware red agent, or both, in the State of Florida.	
1. The name of t	the corporation: Frost Specialty Inc.		
2. The principal	office address: 1 State Street Plaza		
9th Floor, N	Y, NY 10004		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/27/2010	Document number: F10000004528	
	I street address of the current registered agement of State:	ent and registered office on file with the	
	C T Corporation System		
1200 South Pine Island Road			
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	3H Agent Services, Inc.		
1970 Otter Way			
(P.O. Box NOT acceptable)			
	Palm Harbor, Florida 34685		
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of its registered age	ent,
Such change was authorized by th	as authorized by resolution duly adopted are board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
	re of an officer or director)	William Costantini, Secretary	
		(Printed or typed name and title) I agree to act in this capacity. tes relative to the proper and complete performa gation of my position as registered agent. Or, if registered office address, I hereby confirm that	ince this the
Ego (Sig	enature of Registered Agent)	5/31/11 (Date)	
If signing on be	half of an entity:	• •	
3H Agent Ser	·		
	yped or Printed Name)		
	* * * FILING FE	E: \$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)