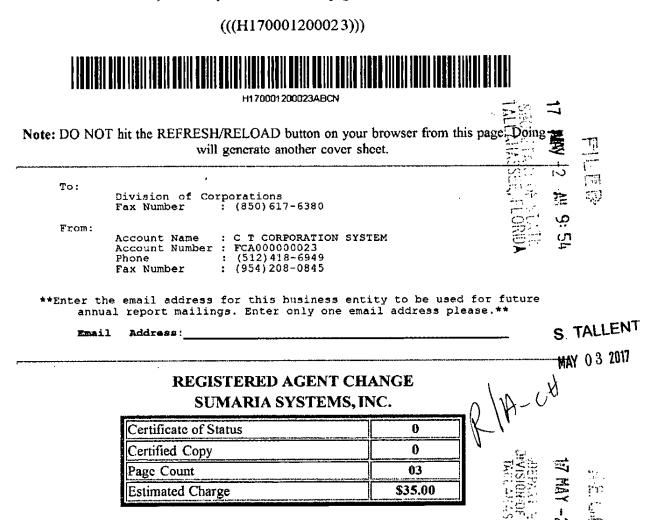
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	Sumaria Systems, Inc.			
	Name of Corporation			
DOCUM	F15000001835 MENT NUMBER:			
The enc	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
	cturn all correspondence concerning this matter to the following:			
	Austin Capone			
	Name of Contact Person			
	Sumaria Systems, Inc.			
Firm/Company				
99 ROSEWOOD DRIVE, STE 140				
	Address			
DANVERS, MA 01923-1381				
	City/State and Zip Code			
	acapone@sumaria.com			
	E-mail address: (to be used for future annual report notification)			
For furth	er information concerning this matter, please call:			
Austin C				
	Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed	is a \$35.00 check made payable to the Department of State.			
	Mailing 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			
	Taliahassee, 1E 32314 2001 Except Ft 37301			

CR2B045 (03/12)

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

statement of a	change is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statute rganized under the laws of the State of M	A	
	of the corporation: Sumaria Systems, Inc	egistered agent, or both, in the State of Florida	a.	
2. The princip	oal office address: 99 ROSEWOOD DRIT	VE, STE 140, DANVERS, MA 01923-1381	-	_
3. The mailin	g address (if different):			<u> </u>
4. Date of inc	orporation/qualification: 64/24/2015	Document number: F15000001835		_
5. The name a		ed agent and registered office on file with the		
	AVERY, LAWRENCE G. JR		₽40,	
	61 1TH AVENUE, STE F-1		7 N	
	SHALIMAR, FL 32579		ATTAL ATTAL	مراسيدين مراسيدين مراسيدين
6. The name a (if changed		agent (if changed) and for registered office		
	C T Corporation System		9:5 7:15 9:5	
	c/o C T Corporation System, 1200 Sou	th Pine Island Road	· > F	
		NOT acceptable		
	Plantation, Florida 33324	NAME OF THE PARTY		
The street add as changed wi	lress of its registered office and the str ill be identical.	eet address of the business office of its regist	tered agent,	
Such change, auth <u>orized</u> by	was authorized by resolution duly adopthe board, or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	80	
Mn	eshe		soller	
Signa	nture of an officer or director			•
i nereby acce; I further agre performance o agent. Or, if i hereby confin	of the appointment as registered agent e to comply with the provisions of all s of my duties, and I am familiar with an this document is being filed merely to r m that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and complete id accept the obligation of my position as reg reflect a change in the registered office addre id in writing of this change.	gistered ess, I	
By: Jan	Isan Vincent	May 2, 2017 Dete		
<i>V</i>	pehalf of an entity:			
Jenifer Vinc	etnt - VP & Assistant Secretary			
	Typed or Printed Name	RPR: \$35.00 * * *		
	" " " # # # I I I I I I I	6 P.P.: A.J.A.M. " " "		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)