

715000003644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
2016 SEP 15 AM 8:37 16 SEP 15 PM 2:36
TALLAHASSEE, FLORIDA

a/k/a

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Maxum Specialty Services Corporation

☐ Nonprofit

☐ Foreign

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability _____

Document

Examiner _____

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W.P. Verifier _____

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

☐ Will Wait

9/15/2016

KM

☐ Merger

☐ Mark

☒ Other

Change of Agent

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

10161677

Ref#:

Amount: \$

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAXUM SPECIALTY SERVICES CORPORATION
2. The principal office address: One Hartford Plaza, Hartford, CT 06155
3. The mailing address (if different): One Hartford Plaza, HQ-1-09 Corporate Law, Hartford, CT 06155
4. Date of incorporation/qualification: 08/08/2015 Document number: F15000003644

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REGISTERED AGENT SOLUTIONS, INC.

155 Office Plaza Drive, Suite 500

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lisa Levin, Corporate Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
Signature of Registered Agent

9-14-2016
Date

If signing on behalf of an entity:

GALINDA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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 (03/12)

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2016 SEP 15 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA