## F93000004845

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FI REID.



CORPORATION SERVICE COMPANY. ACCOUNT NO. : I2000000195

REFERENCE : 019074

7702348

AUTHORIZATION : C

COST LIMIT :

ORDER DATE: May 28, 2009

ORDER TIME : 11:37 AM

ORDER NO. : 019074-009

CUSTOMER NO: 7702348

## CHANGE OF AGENT

NAME: SEGULA TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

1....

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo er to change its registered office or regis	unized under the laws of the	State of New Hampshire
1. The name of t	the corporation: SEGULA TECH	NOLOGIES, INC.	
2. The principal	office address: 15 Constitution I	Prive, Suite 2B, Bedfo	ord, NH 03110
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/26/1993	Document number:	F93000004845
	I street address of the current registered trment of State:	agent and registered office	on file with the
	CT Corporation System		<del></del>
	1200 S. Pine Island Road		
	Plantation, FL 33324		AHAAA
6. The name and (if changed):	d street address of the new registered ag		To or
	Corporation Service Compar	ıy	52 UATE ORNO
	1201 Hays Street (P.O. Box NOT acceptable)		<del></del>
	Tallahassee, FL 32301	ic)	
The street addre	ess of its registered office and the street be identical.	et address of the business o	office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of directors notified in writing of the ch	s or by an officer so nange.
Maura	an Cullan ire of an officer or director)	Maureen Cullen,	Attorney in fact
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent of the comply with the provisions of all stands and familiar with and accept the of the filed merely to reflect a change in a been notified in writing of this chang tion Service Company		acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
By!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	gnature of Registered Agent)	06/01/2009 (Da	ıte)
If signing on be	half of an entity:		
Michelle R.	Vannoy, Assistant VP		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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