## F95000004897

(Rei	questor's Name)	
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	dress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Consist Instructions to I	Tilles Officer	
Special Instructions to F	-iling Omcer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FIGURE

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ON SCRIFFE COMPANY						
A	CCOUNT NO.	:	072100000	0032		
	REFERENCE	:	525877	5159623		
AUT	HORIZATION	:	Loub	blenan		
(	COST LIMIT	:	\$ 35.00	C Nan		
ORDER DATE : April	11, 2008					
ORDER TIME : 9:10	AM					
ORDER NO. : 52587	7-045					
CUSTOMER NO: 519	59623					
CHANGE OF AGENT						
NAME: CIV	/IGENICS, II	NC.			·	
PLEASE RETURN THE FO	DLLOWING AS	PRO	OF OF FIL	ING:		
CERTIFIED CO						
CONTACT PERSON: Hea	ther Chapma	an				
	EXA	MINA	ER'S INIT	IALS:	<del></del>	

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

statement of ch	e provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo der to change its registered office or regis	anized under the laws of the State of _	Massachusetts	_
1. The name of	f the corporation: CIVIGENICS, INC.			
2. The principa	al office address: 100 Locke Drive, Marlt	porough, MA 01752		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: October 10, 1995	Document number: F9500000	14897	
5. The name ar	nd street address of the current registered artment of State:			
	NRAI Services, Inc.			
	526 E. Park Avenue		_	
	Tallahassee, FL 32301			
6. The name ar (if changed):	nd street address of the new registered ag		AHA PR	andana S. A. Grandana
	Corporation Service Company		15 ARY SSE	ą L <del>iamana</del>
	1201 Hays Street			
	(P,O, Box NOT acceptab	le)	108 108 108 108	10
	Tallahassee, FL 32301		- RID.	
The street addras changed will	ress of its registered office and the stree Il be identical.	et address of the business office of it	ts registered age	nt,
Such change wauthorized by	vas authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an notified in writing of the change.	officer so	
_Kat	his Lightler	Kathy L. Yetter, Attorney In Fact		_
I hereby accep I further agree of my duties, a document is be corporation ha	iture of an officer or diffector)  If the appointment as registered agent a  It to comply with the provisions of all ste  It am familiar with and accept the ole  It is a change in the complete of the change in the complete of the change in the change of this change.	(Printed or typed name and to and agree to act in this capacity, atutes relative to the proper and con bligation of my position as registered the registered office address, I herel te.	•	nce this the
By: Well	on Service Company  Clurch Company  Gignature of Registered Agent)	U-14-C	38	_
If signing on b	ehalf of an entity:			
	nnoy, Asst. Vice President			
(	(Typed or Printed Name)	DDD dag oo d i i		
	* * * FILING F	FEE: \$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)