

M10000000296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100194066841

02/14/11--01054--027 **25.00

FILED

11 FEB 14 AM 11:18

SECONDARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTER-MARK SALES AND MARKETING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALISON BOUCHARD

Name of Person

BAY STATE CORPORATE SERVICES, INC.

Firm/Company

6 BEACON STREET, SUITE 510

Address

BOSTON, MA 02108

City/State and Zip Code

ABOUCARD@BAYSTATECORP.COM

E-mail address: (to be used for future annual report notification)

FILED
11 FEB 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALISON BOUCHARD

Name of Person

at (617)

742-8484

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: INTER-MARK SALES AND MARKETING, LLC
2. (a) Principal office address of limited liability company: c/o Benchmark Sales and Marketing Group

(Note: MUST BE STREET ADDRESS)

1400 Providence Hwy., Bldg 3, Ste 3200
Norwood, MA 02062

- (b) Mailing address of limited liability company: c/o Benchmark Sales and Marketing Group

(Note: MAY BE POST OFFICE BOX)

1400 Providence Hwy., Bldg 3, Ste 3200
Norwood, MA 02062

01/22/2010

M10000000296

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

HARRIGAN, JOHN

Registered Office Address:

8508 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

515 East Park Ave.

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James S. Chisholm
Signature of a member or authorized representative of a member

JAMES CHISHOLM, MANAGER

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William L. DeNapoli
Signature of Registered Agent

William L. DeNapoli, Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED

FILED
JAN 24 AM 11:18
TALLAHASSEE, FLORIDA
DIVISION OF STATE