Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future

	Address:			
:m = 1 (ACCTPSS:			

REGISTERED AGENT CHANGE **MWH #14 CORPORATION**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO:	Amendment Section Division of Corporations				
OY TO 3	MWH #14 CORPORATION	8: 5			
SUBJ	ECT: Name of Cor	poration (19)			
Đ <u></u>	N98000005551 UMENT NUMBER:				
	nclosed Statement of Change of Registered Office/	Agrant and Fox are askersimed for filling			
		·			
ricase	ereturn all correspondence concerning this matter t	o the following:			
	Jenní Fernandez				
	act Person				
	Firm/Com	pany			
	55				
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City/State and Zip Code					
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	ure annual report notification)				
For fu	rther information concerning this matter, please cal	M: · ·			
Jenni 1	Fernandez	617 261-9201			
	Name of Contact Person	at () 261-9201 Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the Departm				
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tailahassee, FL 32301

CR2H045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT O BOTH FOR CORPORATIONS	!							
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes h	<u>의</u>							
statement of change is submitted for a corporation organized under the laws of the State of Florida.								
in order to change its registered office or registered agent, or both, in the State of Florida.	至							
1. The name of the corporation: MWH #14 CORPORATION	ို့ က							
2. The principal office address: 2 Seaport Lane, 15th Floor, Boston, MA 02210	<u> </u>							
3. The mailing address (if different): 2 Seaport Lane, 15th Floor, Boston, MA 02210								
4. Date of incorporation/qualification: 09/25/1998 Document number: N98000005551								
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)								
CORPORATION SERVICE COMPANY								
1201 HAYS STREET								
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 as changed will be identical.	i agent,							
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.								
James J. Finnegan								
Signature of in afficur or director l'finted 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 registe agent. Or, if this document is being filed merely to reflect a change in the registered office address, hereby confirm that the corporation has been notified in writing of this change.	red . I							
By: CT Corporation System Connie Brugg 10: 02 2015								
By: Connie Bryon 10 02 2015 If signing on behalf of an entity: Assistant Secretary								
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 (03/12)

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