## P0000043089

(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:  AULI LOCKWOOD  Advised to make  RACOrrect 1911/19/14

Office Use Only



600265724656

11/19/14--01001--012 \*\*35.00

TOTAL TOTAL TOTAL SUPPLIES AND THE PROPERTY OF THE PROPERTY OF

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: ROYAL ADMINISTRATION SERVICES, INC.

DOCUMENT NUMBER: P00000043089

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Victorian

Name of Contact Person

Meenan P.A.

Firm/Company

325 West College Avenue, 2nd floor

Address

Tallahassee, FL 32301

City/State and Zip Code

miriam@meenanlawfirm.com

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

For further information concerning this matter, please call:

Miriam Victorian

<sub>-</sub>850 \425

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 Florida
The name of the corporation: ROYAL ADMINISTRATION SERVICES, INC.
2. The principal office address: 51 MILL ST BLD F HANOVER, MA 02339
3. The mailing address (if different): Same
Document number: P0000043089
i. 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)
MEENON P. A.
310 West College Avenue  Tallahassee, FL 32301
Tallahassee, FL 32301
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Timothy J. Meenan
Timothy J. Meenan
Meenan PA, 325 W. College Avenue, 2nd floor
P.O. Box NOT acceptable Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, s 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.
Richard McCabe, President Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete terformance of my duties, and I am familiar with and accept the obligation of my position as registered terformance of my duties, and I am familiar with and accept the obligation of my position as registered the series of this document is being filed merely to reflect a change in the registered office address, I terformance of this document is being filed merely to reflect a change in the the forporation has been notified in writing of this change.
Wy July Well 17/2014  Signature of Registered Agent  November 17/2014
f signing on behalf of an entity:
TWOHN J. MEENAN  Myped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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