

P05000052524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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change

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2008 AUG 13 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

pd  
8/18/08

**TIMOTHY J. SLOAN, P.A.**

ATTORNEYS AND COUNSELORS AT LAW  
427 MCKENZIE AVENUE  
POST OFFICE BOX 2327  
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN\*  
CHARLES J. STAFFORD  
\*ALSO MEMBER OF  
DISTRICT OF COLUMBIA  
AND MISSOURI BARS

TELEPHONE (850) 769-2501  
FACSIMILE (850) 769-0824

August 12, 2008

**VIA FEDERAL EXPRESS**

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

Re: Almy, Inc.

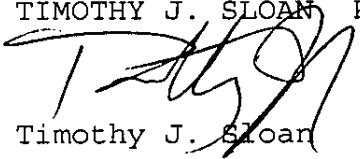
Gentlemen:

In regards to the above-referenced corporation, please find enclosed an original Statement of Change of Registered Office or Registered Agent or Both for Corporations together with a check in the amount of \$35.00 to cover the cost of filing. Please file this Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN P. A.

  
Timothy J. Sloan

TJS/mf  
Encl.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALMY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000052524

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:

TIMOTHY J. SLOAN  
(Name of Contact Person)

TIMOTHY J. SLOAN, P.A.  
(Firm/Company)

427 McKENZIE AVENUE  
(Address)

PANAMA CITY, FLORIDA 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY J. SLOAN at ( 850 ) 769-2501  
(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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALMY, INC.
2. The principal office address: 1 GATEWAY CENTER, SUITE 911  
NEWTON, MA 02458
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: APRIL 5, 2005 Document number: P05000052524
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SIMYON PALMIN

2433 THOMAS DRIVE #324

PANAMA CITY BEACH, FL 32408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TIMOTHY J. SLOAN


427 McKENZIE AVENUE

(P.O. Box NOT acceptable)

PANAMA CITY, FL 32401

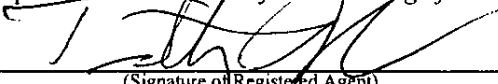
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

SIMYON Palmin, President  
(Printed 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

August , 2008  
(Date)

If signing on behalf of an entity:

Timothy J. Sloan

(Typed or Printed Name)

**\*\*\* FILING 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)

**FILED**  
**2008 AUG 13 PM 4:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32314**