

PD60000110371

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R. A. Change

NOV 15 2016
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boston Portfolio Advisors

Name of Corporation

DOCUMENT NUMBER: P06000110371

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:

Thomas H Glanfield

Name of Contact Person

Boston Portfolio Advisors

Firm/Company

600 Corporate Drive, Suite 502

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

tglanfield@bostonportfolio.com

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

For further information concerning this matter, please call:

Thomas H Glanfield

Name of Contact Person

at (954) 832-3555

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

THOMAS H. GLANDFIELD
BOSTON PORTFOLIO ADVISORS, INC.
600 CORPORATE DRIVE - STE. 502
FORT LAUDERDALE, FL 33334

SUBJECT: BOSTON PORTFOLIO ADVISORS, INC.
Ref. Number: P06000110371

We have received your document for BOSTON PORTFOLIO ADVISORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 816A00023064

RECEIVED
16 NOV 14 PM 3:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Boston Portfolio Advisors

2. The principal office address: 600 Corporate Drive, Suite 501, Fort Lauderdale, FL 33334

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/21/06 Document number: P06000110371

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)

Kenneth F Parzygnat (RESIGNED)

600 Corporate Drive, Suite 502

Fort Lauderdale, FL 33334

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

Thomas H Glanfield

600 Corporate Drive, Suite 502

P.O. Box NOT acceptable

Fort Lauderdale, FL 33334

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SEC. STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Thomas H Glanfield

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

11/04/16

Date

If signing on behalf of an entity:

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