P12015

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
•	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Danumant Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700214040517

PA

OLYISIC OF CARPAGATIONS



Mortu



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$35.00

ORDER DATE: November 16, 2011

ORDER TIME : 9:31 AM

ORDER NO. : 982337-016

CUSTOMER NO: 7840652

CHANGE OF AGENT

NAME: MAILFINANCE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation organized under the laws of the State of California or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MAILFINANCE INC.
2. The principal	office address: 478 Wheelers Farms Road, Milford, CT 06461
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 11/04/1986 Document number: P12015
	I street address of the current registered agent and registered office on file with the tment of State:
	NRAI Services, Inc.
	2731 Executive Park Dr Ste 4
	Weston, FL 33331
6. The name and (if changed):	Corporation Service Company 1201 Hays Street
	Corporation Service Company
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registere agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
M	A 1 1 Ale Calkell Maureen Cathell
(Signatu	re of an officer or director) (Printed or typed name and title)
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Son Scrvice Company
By:	11/15/2011
	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
Sylvia Queppo	et, Asst. VP
Π)	yped or Printed Name)