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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

(888) 705-7274

Fax Number

: (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE STANMAR, INC. OF MASSACHUSETTS

Certificate of Status	0
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Corporate Filing Menu

S. TALLENT JAN 24 2017

Help

To: FLORIDA Change of Aç Fax: (850) 617-6380

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COVER LETTER

TO: Amendment Section Division of Corporations

STANMAR, INC. OF MASSACHUSETTS

Name of Corporation

P23992

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws o	f the State of Ma	ssachusetts
1. The name of	the corporation: STANMAR, INC. C	F MASSACHUS	ETTS	
	office address: 321 COMMONWE	ALTH ROAD		
_	address (if different):			
4. Date of incor	poration/qualification: 04/20/1989	Document num	ber: P23992	
	d street address of the current registered a atment of State: (If resigned, enter resigne		ffice on file with	the '
	CT CORPORATION SYSTEM	l		₹ŏ →
	1200 S. PINE ISLAND ROAD			7 J
	PLANTATION, FL 33324			N 23
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or	registered office	growthe
	Registered Agent Solutions,	Inc.		
	155 Office Plaza Dr., Suite A			4
	P.O. Box NOT	l'acceptable		
	Tallahassee, FL 32301			
	ess of its registered office and the street be identical.			
Such change was authorized by I	as authorized by resolution duly adopted ac board, or the corporation has been no	d by its board of direct tified in writing of th	tors or by an offi e change.	icer so
Ulm	Inder	Oliver Snider		/ice President
	the appointment as registered agent an to comply with the provisions of all states and duties, and I am familiar with and a sist document is being filed merely to reflict the corporation has been notified in		yped name and tillo cupacity, oper and comple of my position as gistered office a ge.	ste registered ddress, l
	nature of Registered Agent shalf of an entity:		Date	
Justine Karr	nell - Assistant Secretary			
Т.	ypcd or Printed Name			

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