

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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: (850)878-5368

REGISTERED AGENT CHANGE

CANTELLA & CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

statement of ch	provisions of sections 607.0502, 6]7.0502, 607.1508, or 6]7.1508, Florida State ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Flori.	MA		
	the corporation: CANTELLA & CO., INC.			
	2 Of IVER STREET LITHEL BOSTON MA 02100			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 04/07/1992 Document number:	P38204		
	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)	SEG TALL	99	
	PETER F CROWELL	AHA	曼	٦٦
	3848 KILLEARN CT.	KY O SSEE	7	
6. The name an (if changed):	TALLAHASSEE, FL 32309 d street address of the new registered agent (if changed) and /or registered office	F STATE	册目: 22	O
(II that ignor).	C T Corporation System	> '''		
	c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT constable			
	Plantation, Florida 33324			
The street addr as changed wil	ess of its registered office and the street address of the business office of its re	gistered ag	enį,	
	as authorized by resolution duly adopted by its board of directors or by an offi the board, or the corporation has been notified in writing of the change.			
Signa	Tohn Garvey	Terasi	<u>i</u> re	R,
I hereby accept further agree of my duties, a document is be 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 comple nd I gut familiar with and accept the obligation of my position as registered as ting filed merely to reflect a change in the registered office address, I hereby c is been notified in writing of this change.	te performi sent. Or, if onfirm that	ince this the	
By:	Corporation System LL 24409 multiure of Registered August			
If signing on b	ehalf of an entity:			
KNSE	Dypod or Printed Name			
(risten Bet /ice Presid	ZGOT *** FILING FEE: \$35.00 ***			
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE IAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323	14		

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