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CT CORPORATION

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() Nonprofit			
() Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Other	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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

the undersigned corporation organized under the laws of the State of Florida Statutes,
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: Partners for Change, Inc.
1. The hame of the corporation: Fertiners for change, the.
277
2. The mailing address of the corporation: 1740 Massachusetts Avenue, Boxborough, MA 0171
3. Date of incorporation/qualification: 10/27/97 Document number: P97000091859
4. The name and address of the current registered agent and office:
Stafford, Colin
754 Riggs Circle
Davenport, FL 33837
3. Date of incorporation/qualification: 10/2//9/ Document number: P97000091859 4. The name and address of the current registered agent and office: Stafford, Colin 754 Riggs Circle Davenport, FL 33837 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) CT Corporation System
CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324
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.
(Signature of an officer, mairman of vice chairman of the board) (Date)
Klaus Schottenhame1, _CEO
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. 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.
Signature of Registered Agent) (Signature of Registered Agent) (Date)
If signing on behalf of an entity: LAUNEN KREATZ ASS'T Secve favy (Typed or Printed Name)
***FILING FEE: \$35.00 * * *

CR2B045(9/00)

Division of Corporations

P.O. Box 6327

TALLAHASSEE, HL 32314