Servera PANP&F Corpo Fax Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H090002167763))) H090002167763ABC5 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6380 Fax Number From: : CORPORATION SERVICE COMPANY Account Name Account Number : I2000000195 2009 GCT -8 AM &: Phone : (850)521-1000 RECEIVE Fax Number (850) 558-1575 **REGISTERED AGENT CHANGE** FIRST 1 FINANCIAL CORPORATION Certificate of Status 0 Certified Copy 0 02 Page Count \$35.00 Estimated Charge Electronic Filing Menu Corporate Filing Menu Help

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	T OF CHANGE OF REGISTE FOR C	RED OFFICE OR REGISTERED AGENT OR BOTH ORPORATIONS
statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>Delaware</u> registered agent, or both, in the State of Florida.
1. The name of	the corporation: FIRST 1 FIN.	ANCIAL CORPORATION
2. The principal	office address: 600 Cordwain	er Drive, Norwell, MA 02061
3. The mailing s	address (if different):	······································
4. Date of incor	poration/qualification: 12/01/20	08 Document number: F08000005104
5. The name and		ered agent and registered office on file with the
	CT Corporation System	
	1200 South Pine Island R	oad
	Plantation, FL 33324	
<ol> <li>The name and (if changed):</li> </ol>	d street address of the new registere Corporation Service Com	d agent (if changed) and /or registered office
	1201 Hays Street	۱ ص
	(P.O. Box NOT ac	eptable) , 3
	Tallahassee, FL 32301	
		street address of the business office of its registered agent,
Such change will authorized by t	he board of the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
11.	1141.	Elizabeth A. Dawson, Attorney in Fact
	<b>Weo( Mufficer of director)</b> the appointment as registered ag to comply with the provisions of a ta I am familiar with and accept t ing filed merely to reflect a chang	(Printed or typed banks and title) ent and agree to act in this capacity. Il statutes relative to the proper and complete performance te obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the tange.
Corpora	been notified in writing of this cities of the cities of t	
By: StA	gnature of Registered Ageni)	October 5, 2009 (Date)
If signing on be	half of an entity:	
• •	opet, Assistant VP	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)