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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Statement of Change of Registered
Office Address by Registered Agent**

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 5.02 and Section 15.08; 950 CMR 113.22)

Name of registered agent: _____

Exact name of corporation(s): _____

Current registered office address: _____
(number, street, city or town, state, zip code)

New registered office address: _____
(number, street, city or town, state, zip code)

The street address of the registered office of the corporation and the business address of the registered agent are identical as required by G.L. Chapter 156D, Section 5.02 and Section 15.08.

It is further certified that each corporation has been notified in writing of this change as required by G. L. Chapter 156D, Section 5.02 and Section 15.08.

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: _____,
(signature of registered agent)

on this _____ day of _____, _____.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

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Office Address by Registered Agent**
(General Laws Chapter 156D, Section 5.02 and
Section 15.08; 950 CMR 113.22)

I hereby certify that upon examination of this certificate of change, duly submitted to me, it appears that the provisions of the General Laws to the organization of corporations have been complied with, and I hereby approve said statement; and the filing fee in the amount of \$_____ having been paid, said statement is deemed to have been filed with me this _____ day of _____ 20 at _____ a.m./p.m.
time

Effective date: _____
(must be within 90 days of date submitted)

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: \$25 for paper or fax filings.
No fee if filed electronically.

TO BE FILLED IN BY CORPORATION
Contact Information:

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.