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Or Or

APR 2 4 2012 C. MUSTAIN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 20, 2012

ORDER TIME : 9:29 AM

ORDER NO. : 176765-006

CUSTOMER NO: 7878895

CHANGE OF AGENT

NAME: LISEC AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized under the error to change its registered office or registered ag	nder the laws of the State of Delaware
1. The name of t	the corporation: LISEC AMERICA, INC.	
2. The principal	l office address: 12571 Oliver Ave So #100	
	Burnsville, MN 55337	
3. The mailing a	address (if different):	
		genera Co
4. Date of incorp	poration/qualification: 08/31/2001	Document number: F01000004628
5. The name and	d street address of the current registered agent ar rtment of State:	
	NRAI Services, Inc.	SEFE SEFE
	515 E. Park Avenue	PH 12:
	Tallahassee, FL 32301	39 1DA
6. The name and (if changed):	d street address of the new registered agent (if ch	nanged) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the street addres be identical.	ss of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its se board, or the corporation has been notified it	board of directors or by an officer so in writing of the change.
_		Quast, President/CEO/CFO
` •	are of an officer or director)	(Printed or typed name and title)
corporation has	the appointment as registered agent and agre- to comply with the provisions of all statutes re- ted I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change. on Service Company	e to act in this capacity. lative to the proper and complete performance to f my position as registered agent. Or, if this tered office address, I hereby confirm that the
By:	gnature of Registered Agent)	20,2012
If signing on bel	half of an entity:	
Grace E. Kirby	y, Assistant Vice President	
(T)	Typed or Printed Name)	

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