

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850) 558-1575

MECCETY FINANCE OF STATE CANASSEE, FLORIDA

## REGISTERED AGENT CHANGE

## ABATIX CORPORATION

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

RA ROCK 10 8/18/09

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

statement of cha	unge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Delawate tered agent, or both, in the State of Florida.	
1. The name of	the corporation: ABATIX CORPORA	ATION	
	office address:ne Drive, Suite #400, Mesquite, TX	75149-1972	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/09/2006	Document number: F06000004054	
	d street address of the current registered a runent of State:	agent and registered office on file with the	
	CT Corporation System	_	
	1200 South Pine Island Road		no AlliG
	Plantation, FL 33324		<u> </u>
<ol><li>The name and (if changed):</li></ol>	d street address of the new registered age		3
	Corporation Service Company	<u> </u>	7
	1201 Hays Street		
	(P.O. Box NOT acceptable	)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its registered agen	ıt,
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.	
( man	. I Chim	Frank Cinatl, Ex. Vice President	
I hereby accept I further agree of my duties, ar document is be corporation ha	a poeth monther in mining of men change	(Printed or typed name and title)  Ind agree to act in this capacity.  Itutes relative to the proper and complete performan  ligation of my position as registered agent. Or, if the  he registered office address, I hereby confirm that the  c.	ice his he
By: (Si	on Service Company  Officered Agont)	8/1. P/0 9 (Date)	-
If signing on be	chalf of an entity:		
	Dawson, Asst. Vice President Typed or Printed Name)		
·		EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)