Florida Department of State
Division of Corporations
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Account Name : CTPROCOMPLY
Account Number : I2010000053
Phone : (608)827-5300
Fax Number : (600)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Karen.bleier@norbert-dentressangle.com

REGISTERED AGENT CHANGE NDO AMERICA, INC.

PECEIVED

1 DEC -1 AM 8: 16

ENTARY OF STATES
ALLAMASSEE, FLORID

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS		
Pursuant to the provisions of sections 607.0502, 61	17.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation	O i.c ·	
	registered agent, or both, in the State of Florida.	
1. The name of the corporation: NDO America, Inc.		
2. The principal office address: 22351 S. Will	mington Avenue, Carson, California 90745	
2. The principal office address.		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 7/26/200	Document number: F06000004928	
5. The name and street address of the current registr Florida Department of State: (If resigned, enter to		
DEMOE, STEVEN	,	
2335 N.W 107TH AVEN	OE ALL S	
_#2M6		
DORAL FL 33172	ZONI DEC -1	
6. The name and street address of the new registere (if changed):	d agent (if changed) and /or registered office Road, Plantation, Florida 33324	
C T Corporation System		
1200 South Pine Island R	Road, Plantation, Florida 33324	
P.O E	Sox NOT acceptable	
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent,	
Such change was authorized by resolution duly acauthorized by the board, of the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
Dan Stewa	Diane Hofman, COO	
Suggestions of an expression of director	Printed or typed name and title	
l hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this it in the registered office address, I hereby confirm that the lange.	
Natel	3rd day of November, 2011	
Signature of Registered Agent	Date	
if signing on behalf of an entity:		
Mark Williams, AVP		

* * * FILING FEE: \$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)

Fox audit # 4/100028/165 3

Typed or Printed Name