

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : T20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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

Email Address:_____

INI JUN 18 AM S: 68

REGISTERED AGENT CHANGE SPECTRUM ANALYTICAL, INC.

Certificate of Status	0
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Electronic Filing Menu

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Corporate Filing Menu

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

Prosument to the provisions of sections 607 0502, 617 0502, 607 1508, or 617 1508. Florida Statutes this statement of change is submitted for a corporation organized under the laws of the State of the Commonwealth of Messachwetts in order to change its registered office or registered agent, or both, in the State of Florida

3.	The name of the corporation: Spectrum Analytical, Inc.	
2.	The principal office address: 11 Aimgron Drive, Agawam, MA 01001	
3.	3. The mailing address (if different): 11 Almgren Drive, Agawam, MA 01001	
4.	Date of incorporation/qualification: 03/27/2008 Document number: F08000001382	
5	5 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
	Michael L. Florini	
	8405 Benjamin Road, Ste A	
	Tampa, FL 33634	
6	The name and street address of the new registered agent (if changed) and for registered office (if changed):	
	Incorporating Services, Ltd.	
	1540 Glenway Drive	
	Tallahassee, FL 32301	
))))	no street address of its registered office and the street address of the business office of its registered agent, changed will be identical	
St	ich change was authorized by resolution duly adopted by ils board of directors or by an officer so thorized by the board, or the comporation has been notified in writing of the change	
	Signature of an appear of the state of the s	
i h	ereb) accept the appointment as registered agent and agree to act in this capacity, and complete performance with the provisions of all statutes relative to the proper and complete performance my dulles, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cament is being filed merely to reflect a change in the registered affice address, I hereby confirm that the reportion has been notified in writing of this change.	
<u>,</u>	Une 2, 2010	
t	signing on behalf of an entity:	
K	elly Casey - Incorporating Services, etd.	
	* * * FILING FER: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

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