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 : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-0821 Phone Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE FANUC ROBOTICS AMERICA CORPORATION

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Corporate Filing Menu

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

statement of change is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of Delaware ce or registered agent, or both, in the State of Florida.
1. The name of the corporation: FANUC RC	DBOTICS AMERICA CORPORATION
2. The principal office address: 3900 W Hall	mlin Road Rochester Hills MI 48309
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/07	7/1992Document number: P40947
5. The name and street address of the current in Florida Department of State: (If resigned, etc.)	registered agent and registered office on file with the nter resigned)
C T Corporation Systen	n LAG 2 SE
1200 South Pine Island	
Plantation FL 33324	E AM
6. The name and street address of the new reg (if changed):	istered agent (if changed) and /or registered of 25 2
Corporation Service Co	mpany
1201 Hays Street	
	P.O. Box NOT acceptable
Tallahassee, FL 32301	<u> </u>
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
	aly adopted by its board of directors or by an officer so has been notified in writing of the change.
Mauren Cathell	Maureen Cathell, Vice President
Signature of an officer or director I hereby accept the appointment as registere I further agree to comply with the provisions performance of my duties, and I am familiar agent. Or if this document is being filed me	s of all statutes relative to the proper and complete with and accept the obligation of my position as registered
Corporation Service Company	rely to reflect a change in the registered office address, I n notified in writing of this change.
By: Signature of Registered Agent	08/28/2012 Date
If signing on behalf of an entity:	. Date
Sylvia Queppet, Asst Vice President	
Typed or Printed Name	
***F	ILING FEE: \$35.00 * * *

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