

F0700000 5327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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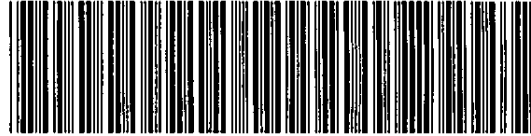
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALCOHOL COUNTERMEASURE SYSTEMS, INC.
Name of Corporation

DOCUMENT NUMBER: F07000005327

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE LEACH
Name of Contact Person

RIDOUT & MAYBEE LLP
Firm/Company

2000 ARGENTIA ROAD, PLAZA 1, SUITE 301
Address

MISSISSAUGA, ONTARIO, CANADA
City/State and Zip Code

SLEACH@RIDOUTMAYBEE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE LEACH at (905) 363 3620
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALCOHOL COUNTERMEASURE SYSTEMS, INC.
2. The principal office address: 60 INTERNATIONAL BOULEVARD
TORONTO, ONTARIO, CANADA M9W 6J2
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/26/2007 Document number: F0700000 5327

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)

C.T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BROAD AND CASSEL

215 SOUTH MONROE STREET, SUITE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Felix J.E. Comeau
Signature of an officer or director

FELIX J.E. COMEAU, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Broad + Cassel
by Douglas Mannheimer, Partner
Signature of Registered Agent

8/11/15
Date

If signing on behalf of an entity.

Broad + Cassel
by Douglas Mannheimer, partner
Typed or Printed Name

FILING FEE: \$35.00 ***

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

CD-20045 (02/01/15)