Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

AUG 18 2016

C T CORPORATION SYSTEM FCA000000023 (850)205-8842 Account Name

Account Number

Phone Fax Number

(850)878-5368

R. WHITE

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

Email Address:

## REGISTERED AGENT CHANGE ALCOHOL COUNTERMEASURE SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
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## **COVER LETTER**

	ndment Section sion of Corporations			
SUBJECT:_	ALCOHOL COUNTERMEASURE SYSTEMS,	INC.		
	Name of Corp	poration		
DOCUMEN	F07000005327 T NUMBER:			
The enclosed	Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	Steven Leach			
	Name of Conta	ct Person		
	Alcohol Countermeasure Systems, Inc.			
	Firm/Com	pany		
	60 INTERNATIONAL BOULEVA	ARD		
	Addres	3		
TORONTO, ONTARIO, L M9W6J-2 CA				
	City/State and 2	Zip Code		
	SLEACH @ RIDOUTMAY	BEE . COM		
	E-mail address: (to be used for futu	re annual report notification)		
For further in	formation concerning this matter, please cal	<b>l</b> :		
STO	EVE LEAUH	at (9 5 363 - 3620 Area Code & Daytime Telephone Number		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a	\$35.00 check made payable to the Departme	ent 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		

CR2E045 (03/12)

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

	•	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of	_
	- •	registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ALCOHOL COU	FTERMEASURE SYSTEMS, INC.	
2. The principal	office address: 60 INTERNATION	AL BOULEVARD TORONTO, ONTARIO, L M9W6J-2 CA	<u> </u>
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/26/2007	Document number; F07000005327	
5. The name and		tered agent and registered office on file with the	
	BROAD AND CASSEL		
	215 SOUTH MONROE STREET	SUITE 400	
	TALLAHASSEE, FL 32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ed agent (if changed) and /or registered office	SUV
	C T Corporation System		• • •
	c/o C T Corporation System, 1200 S	South Pine Island Road	in HV
	P.O. E Plantation, Florida 33324	lox NOT acceptable	J: 2/
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered age	nt,
		dopted by its board of directors or by an officer so een notified in writing of the change.	
	To of an afficer or director	BRUSE BAUGY VP FINANCE.	-
	,	ent and agree to act in this capacity. Il statudes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
	poration System	08/17/2016	
	nature of Registered Agent	Date	-
If signing on be	half of an entity:		
	Assistant Secretary		
T	yped 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 CR2E045 (03/12)