

307231

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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2016 OCT 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
RUSSELL ASSOCIATES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

This was submitted on 10-20-16. Please honor the original filing date, thank you.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Russell Associates Inc.

Name of Corporation:

DOCUMENT NUMBER: 307231

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:

Michael Orvets

Name of Contact Person

Danaher Corporation

Firm/Company

2200 Pennsylvania Ave., NW, Suite 800W

Address

Washington, DC 20037

City/State and Zip Code

michael.orvets@danaher.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Orvets

202

419-7678

at ()

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

CR2ED45 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: Russell Associates Inc.
2. The principal office address: 10540 Ridge Rd, Ste 300 New Port Richey FL 34654-5111
3. The mailing address (if different): 25 Harbor Park Drive, Port Washington NY 11050
4. Date of incorporation/qualification: 08/17/2000 Document number: 307231
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

C.T. Corporation System

c/o C.T. Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Frank T. McFaden

Signature of an officer or director

Frank T. McFaden, VP - Treasurer

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.

C.T. Corporation System

By: Kristin Bolden

Signature of Registered Agent

10/20/16

Date

If signing on behalf of an entity: Kristin Bolden
Assistant Secretary

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

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