Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

ATLANTIC SCIENTIFIC CORPORATION



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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.	
The name of the corporation: Atlantic Scientific Corporation The principal office address: 600 TRAVIS, SUITE 5600 HOUSTON TX 77002	
2. The principal office address: 000 TRAVIS, BUTTL 5000 HOUSTON TA 77002	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/10/1978 Document number: 841035	·
 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) 	
BIRD, ANTHONY O	
4300 FORTUNE PLACESUITE A	
W MELBOURNE FL 32904 US	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
(if changed): C T Corporation System c/o C T Corporation System, 1200 South Pine Island Road (P.O. Box NOT receptable)	
c/o C T Corporation System, 1200 South Pine Island Road	,
(P.O. Box NOT unceptable))
Plantation, Florida 33324	圣
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	9
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.	•
Congressive or an other or pilestor) Barbara A Widna (Princed or hyped 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.	; :
By: Harland Z. Vo. 3-30-2009 (Signature of Registront Agent) (Oute)	
If signing on behalf of an entity: Howard L. Volz Asst. 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 Crefors (805)	