844691

| (Reque | estor's Name) | |
|---|---------------|-------------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Na | ne) |
| (Docum | nent Number) | |
| Certified Copies | Certificate | s of Status |
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SECRETARY OF STATE
ALLAHASSEE FLOBIES

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|----------------------------------|---|--|--|--|
| SUBJI | ECT: Technical Aid Corporation (Name of Corporation) | rporation) | | |
| DOCU | JMENT NUMBER: 844691 | | | |
| The en | closed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter t | o the following: | | |
| | Tanya Dietrich (Name of Cont | act Person) | | |
| National Corporate Services, LLC | | | | |
| (Firm/Company) | | | | |
| | 16055 Space Center Blvd., St (Addre | | | |
| | Houston, Texas 77062 (City/State and | Zip Code) | | |
| For fur | rther information concerning this matter, please ca | 11: | | |
| Tanya | a Dietrich (Name of Contact Person) | at (800) 862-5438 (Area Code & Daytime Telephone Number) | | |
| Enclos | sed is a \$35.00 check made payable to the Departn | nent 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 | | |

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | /A | | | |
|---|---|--|--|--|--|
| | he corporation: Technical Aid Corporation | | | | |
| 2. The principal office address: 888 Washington Street | | | | | |
| | Massachusetts 02026 | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | oration/qualification: 10/16/1969 Document number: 844691 | <u> </u> | | | |
| 5. The name and | street address of the current registered agent and registered office on file with tment of State: | h the | | | |
| | CT Corporation System | TIL JUN-4 CRETARN CAHASSI | | | |
| | 1200 South Pine Island Road | 113 | | | |
| | Plantation, FL 33324 | AH IO: E. FILO | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | NRAI Services, Inc. | _ | | | |
| 2731 Executive Park Drive, Suite 4 | | | | | |
| | (P.O. Box NOT acceptable) Weston, FL 33331 | - | | | |
| The street addre | ess of its registered office and the street address of the business office of its be identical. | s registered agent, | | | |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by its board, or the corporation has been notified in writing of the change. | | | | | |
| Daniel A. Lasman, Assistant Treasurer (Printed or typed name and title) | | | | | |
| I further agree t of my duties, an document is bei | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comed I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. | plete performance I agent. Or, if this ny confirm that the | | | |
| //ut | nature of Registered Agent) (Date) | 2 | | | |
| If signing on be | half of an entity: | | | | |
| | no, Vice President yped or Printed Name) | | | | |

* * * FILING FEE: \$35.00 * * *