852887

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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Scientific Research Products of De (Name of corporation)	elau	X	e
DOCUMENT NUMBER: \$52887			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ing.	•	٠.
Please return all correspondence concerning this matter to the following:			
Karen Windhorst (Name of person) Scient Go Research Products (Name of firm/company)	SECRETARY C	02 DEC 27 F	2-Decker granusa granus gra gra gra gra gra gra gra gra gra gra
1850 W. McNah Rd. (Address)	F STATE FLORIDA	PM 1:00	C
Ft. Lauderdale, FL 33309 (City/state and zip code)			
For further information concerning this matter, please call:			,
Karen Windhorst at 954 971-0600 (Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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
1)Elauxie_in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Scientific Research Products of Delaware
2. The principal office address: 1850 W. MCNab Kd.
Ft. Lauderdale, FL 33309
3. The mailing address (if different): <u>Same</u>
4. Date of incorporation/qualification: 5/18/82 Document number: 852887
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CT Corporation System 器 日 TI
1900 S. Pine Island Rd.
Plantation, FL 33374 The IT
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tyler Kiester
1850 W. MCNab Rd. (P.O. Box or personal mailbox NOT acceptable)
Ft. Lauderdale, FL 33309
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.
(Signature of the Officer, phairman or vice chairman of the board) THEY KIESTEY, Dir. of Adjuristration (Printed or typed dame 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Canadian Drinted Norma)

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