11/22/2017 15:23 Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)61

: (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone . : (561)694-8107

Fax Number : (561)694-1639

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## 16.1 REGISTERED AGENT CHANGE BRÜEL & KJAER EMS INC.

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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CR2E045 (03/12)

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

	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	corporation organized under the laws of the State of Florida	
in order to change its registered	office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Brue	l & Kiaer EMS Inc	
2. The principal office address: 2815	A Colangades Court	
E)	7 Cola mades Court	
Norcross, GA 30071		
3. The mailing address (if different):		
4. Date of incorporation/qualification:	5/07/2010 Document number: F00000002101	
LANCE CONTRACTOR OF THE CONTRA	rent registered agent and registered office on file with the	
FL:	TION SYSTEM	
1200 SOUTH	INE ISLAND ROAD	
PLANTATION,	FL 33324	
6. The name and street address of the ne (if changed):	FL 33324  W registered agent (if changed) and /or registered office	
United Agent G	roup Inc.	
11380 Prospen	ty Farms Road #221E	
	P.O. Box NOT acceptable	
Palm Beach G	rdens, FL 33410	
	c and the street address of the business office of its registered agent,	
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
	Savannah Montalban, Attorney-in-Fact	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am fan agent. Or, if this document is heing file hereby confirm that the corporation ha	istered agent and agree to act in this capacity. Islans of all statutes relative to the proper and complete Tiliar with and accept the obligation of my position as registered In a merely to reflect a change in the registered office address, I The been notified in writing of this change.	
	11/22/17	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Savannah Montalban, Attorney	n-Fact	
Typed or Printed Name		
Ä.	* FILING FEE: S35.00 * * *	
MAKE CHECKS MAIL TO: DIVISION OF CO	AVABLE TO FLORIDA DEPARTMENT OF STATE PROPARTIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	