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 : (850)205-8842 : (850)878-5368 Fax Number

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 EMPSON (USA), INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EMPSON (USA), INC.	
Name o	f Corporation
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Charlene Nguon	
Name of	Contact Person
National Registered Agents, Inc.	
Firm	/Company
2875 Michelle Drive, Suite 100	
A	Address
Irvine, CA 92606	
City/State	e and Zip Code
MDELCORE@EMPSONUSA.COM	1
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, plea	se call:
Charlene Nguon	949 743-8102 at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S conge is submitted for a corporation organized under the laws of the State of _	tatutes, this Virginia	
	ler to change its registered office or registered agent, or both, in the State of F		
1. The name of	the corporation: EMPSON (USA), INC.		
2. The principal	al office address: 719 PRINCE STREET, ALEXANDRIA, VA 22314		_
3. The mailing	address (if different): 2248 RANCHO PLATA AVE SE, RIO RANCHO, NM 87	1124	
4. Date of incor	rporation/qualification: 04/25/2000 Document number: F0000000	12442	
5. The name and	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	th the	
	RABINOVICH, GREG		
	1600 NW 163 STREET		5
	MIAMI, FL 33169		APR
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered of :	lice	27
	National Registered Agents, Inc.		WH 10: 40
	1200 South Pine Island Road		0: [
	P.O. Box NOT acceptable		Ö 9
	Plantation, Florida 33324		•
The street address changed will	ress of its registered office and the street address of the business office of its be identical.	ı registereci agent,	
Such change wanthorized by the	ras authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so	
he Al	JOSEPH A. WINKLER, Chief Fina		
<i>''</i>	use of an other or director Printed of types name and ourse to got in this connecting		
I further agree performance of agent. Or, if th hereby confirm	it 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 com f my duties, and I am familiar with and accept the obligation of my position his document is being filed merely to reflect a change in the registered affic I that the corporation has been notified in writing of this change.	plete as registered e address, I	
Nations	al Registered Agents, Inc. Character Q 4 24/15		
Sig	goalure of Registered Agent Dole		
If signing on be	ehalf of an ontity:		
	CHOUNARD 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 CR2E045 (03/12)

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