F01000002972

(Re	questor's Name)	
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OFFICE OF SPECIAL OF STATE OF SUPPLINGUISM

JIVISION OF CORPORATION

M SEP 28 PH 2 11

P.A. Chg. C.COULLIETTE

SEP 28 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE :

925213 4377198

AUTHORIZATION

COST LIMIT

ORDER DATE: September 27, 2011

ORDER TIME : 11:02 AM

ORDER NO. : 925213-009

CUSTOMER NO: 4377198

CHANGE OF AGENT

NAME: MOBAT USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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, statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or	ne laws of the State of Delaware	_
1. The name of the corporation: MOBAT USA, INC.		
2. The principal office address: 1721 W. Paul Dirac Dr., Tallahassee, FL 32310		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 06/05/2001 Docum	ent number: F01000002972	
5. The name and street address of the current registered agent and registerida Department of State:	stered office on file with the	
Curtis Glasener		
1720 W. Paul Dirac Dr.		
Tallahassee, FL 32310	S	
6. The name and street address of the new registered agent (if changed (if changed):	and /or registered office	
Corporation Service Company		<u></u>
1201 Hays Street	inform.	42 5
(P.O. Box NOT acceptable)		, ,
Tallahassee, FL 32301		
The street address of its registered office and the street address of thas changed will be identical.	ne business office of its registered agen	nt,
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in write	of directors or by an officer so ing of the change.	
(Signature of an officer or director) Maureen	Cathell, Vice President (Printed or typed name and title)	_
I hereby accept the appointment as registered agent and agree to acl further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change. Corporation Service Company	et in this capacity. to the proper and complete performan position as registered agent. Or, if to office address, I hereby confirm that to	nce his he
By: S Ly 09/27/20	11	
(Signal the or Registered Agent)	(Date)	_
If signing on behalf of an entity:		
Sylvia Queppet, Asst. Vice President (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