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RA 4.214



ACCOUNT NO. : I2000000195

REFERENCE :

7383208

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 11, 2014

ORDER TIME : 4:29 PM

ORDER NO. : 011344-005

CUSTOMER NO: 7383208

CHANGE OF AGENT

NAME: CLARE INSTRUMENTS (U.S.) INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statemon of c	hange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of DELAW.			
	- • •	ice or registered agent, or both, in the State of Florida.			
I. The name o	of the corporation: CLARE INS	RUMEN IS (U.S.) INC.			
2. The princip	pal office address: 6304 BENJA	MIN ROAD 506, TAMPA, FL 33634			
3. The mailing	g address (if different):				
4. Date of inco	orporation/qualification: 09/20	/2001 Document number: F01000004951			
	nd street address of the current partment of State: (If resigned, o	registered agent and registered office on file with the unter resigned)	•		
	ANDREW R UPTON				
	6304 BENJAMIN ROAD 50	6			
	TAMPA	FL 39634		14	
6. The name at (if changed)		glatered agent (if changed) and /or registered office		APR -1	FILE
	1201 Hays Street		- 1343 	2	
		P.O. Boy NOT acceptable		£: 5	
	Tallahassee	FL 32301		5.	
The street address changed will	ress of its registered office and ll be identical.	d the street address of the business office of its registers	eđ agent,		
Such change wanthorized by t	vas authorized by resolution du the board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.			
_ A	R. llato	ANDREW UPTON, VICE PRESIDENT			
	well an officer a director If the appointment as registere to comply with the provisions if my duties, and I am fomiliar ints document is being fled me in that the corporation has been on Service Cormany	throad of typed notice with title against and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registerly to reflect a change in the registered office address a notified in writing of this change.	ered , I		
By: // 20/	ghisting of Abgustered Abant	03/31/2014 Date			
	ehalf of an entity:				
	, Assistant Vice President Typed or Printed Name	<u></u>			
	- N b - co co s to the tale of the said				

MAKE CHECKS PAVABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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