

F02000003576

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000206231 3)))



H100002062313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
10 SEP 17 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
ISTA NORTH AMERICA, INC.**

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

RECEIVED
10 SEP 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLETTE

SEP 17 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISTA NORTH AMERICA, INC.
Name of Corporation

DOCUMENT NUMBER: F02000003576

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERLE LEROUX

Name of Contact Person

ista North America

Firm/Company

3655 North Point Pkwy. Suite 250

Address

Alpharetta, Georgia 30005

City/State and Zip Code

mleroux@ista-na.com

mleroux@ista-na.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERLE LEROUX

Name of Contact Person

at (678) 336-2214

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ISTA NORTH AMERICA, INC.
2. The principal office address: 3635 NORTH POINT PARKWAY SUITE 250 ALPHARETTA GA 30005
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/12/2002 Document number: F02000003576
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REGISTERED AGENTS LEGAL SERVICES, INC.

155 OFFICE PLAZA DR

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

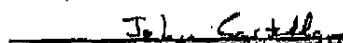
Plantation, Florida 33324

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.

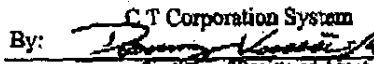


Signature of an officer or director



Printed or typed name 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.

By: C T Corporation System


Signature of Registered Agent

Danny Verdecchia, Jr. Asst. Secretary

If signing on behalf of an entity:

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

CR2B045 (8/05)

SECRET
DEPT OF STATE
TALLAHASSEE, FLORIDA

10 SEP 17 PM 2:10

FILED