Division of Corporations Public Access System

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

RAND TECHNOLOGIES OF MICHIGAN INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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Electronic Filing Menus

Corporate Filing

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

| Pursuant to the | provisions of sections 607.050. | 2, 617.0502, 607.1508. or 617.1508, Florida Statu | ies, |
|--|---|---|-------------|
| | | pration organized under the laws of the State of | |
| Michigan | in order to change its reg | gistered office or registered agent, or both, in the St | ate |
| of Florida. | | | |
| 1. The name of the | ne corporation: Rand Technologie | es of Michigan, Inc. | |
| 2. The principal of | office address: 2701 Ton | Centra, Ste. 130 | |
| <u> </u> | | T 48084 | |
| 3. The mailing ad | * | | |
| 4. Date of incorp | oration/qualification: 6/20/03 | Document number: F03000003382 | |
| 5. The name and Florida Depart | iment of State: | gistered agent and registered office on file with the | |
| _ | Corporation | n Sarvice Company | |
| _ | 1201 | I Hays Street | 30 3 |
| | Taliahasse | ee FL 32301-2525 | 38 |
| 6. The name and changed): | | ristered agent (if changed) and for registered office | 通 |
| - | CTCan | poration System | 770 |
| | c/o C T Ca | orperation System | 97 |
| | (P.O. Bux or personal mailbox NOT soceptable) | | SH |
| | 1200 South Pine Island | Road, Plantation, Plorida 33324 | 7 |
| | | e street address of the business office of its register | |
| Such change was authorized by the | authorized by resolution duly board, or the corporation has | adopted by its board of directors or by an officer so been notified in writing of the change. Robin LaPeters | ì |
| (Signature of the officer, o | internal of vice chairman of the board) | Crand Sec. Presidente | |
| I hereby accept to I further agree to performance of n registered agent, office addyess, I | he appointment as registered a comply with the provisions of my duties, and I am familiar will Or, if this document is being hereby confirm that the corportorporation System | igent and agree to act in this capacity. If all statutes relative to the proper and complete it is the complete it and accept the obligation of my position as filed merely to reflect a change in the registered ration has been notified in writing of this change. | |
| By: ITAA | MATIONA | 21.\04 | |
| | pusture of Registered Alexa) | (Data) | |
| If signing on behalf RENEE! | | | |
| ASSISTAN | SECRETARY——— | [Caracity] | |

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