F05000000309

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Shimadzu Scientific Instruments, Inc.

Name of Corporation

DOCUMENT NUMBER: F05000000309

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:

Scott Moore

Name of Contact Person

Shimadzu Scientific Instruments

Firm/Company

4950 4th Ave N

Address

St. Petersburg, FL 33710

City/State and Zip Code

sahonda@shimadzu.com

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

For further information concerning this matter, please call:

Scott Moore

___919

,425-1009

Name of Contact Person

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

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

| statement of | to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida of change is submitted for a corporation organized under the laws of the State o n order to change its registered office or registered agent, or both, in the State o | Maryland |
|-----------------------------|--|--|
| 1. The name | ne of the corporation: Shimadzu Scientific Instruments, Inc. | |
| 2. The princi | ncipal office address: 7102 Riverwood Drive | |
| <u>, </u> | Columbia, MD 21046 | |
| 3. The mailing | iling address (if different): | |
| 4. Date of in | incorporation/qualification: July 2, 1975 Document number: F050 | 00000309 |
| | ne and street address of the current registered agent and registered office on file Department of State: (If resigned, enter resigned) | with the |
| | Kenneth Jones | .** |
| | 3901 49th Avenue South | _ |
| | St. Petersburg, FL 33711 US | شاملت شاملت |
| 6. The name (if change | me and street address of the new registered agent (if changed) and /or registered (ged): | TACK APR |
| | Scott Moore | FIL RASS |
| | 4950 4th Avenue North | ED PH PF S EE, FI |
| | St. Petersburg, FL 33710 | TATE LORIDA |
| The street ac | address of its registered office and the street address of the business office of d will be identical. | its registered agent, |
| Such change authorized b | nge was authorized by resolution duly adopted by its board of directors or by a f by the board, or the corporation has been notified in writing of the change. | n officer so |
| Mrs | Jeffrey Ratliff-Southeas | |
| | ccept the appointment as registered agent and agree to act in this capacity. If the appointment as registered agent and agree to act in this capacity. If the proper and count of the proper and the proper and the proper action of the proper and count of the proper action of th | omplete on as registered lice address, I |
| -/ | Signature of Registered Agent 4/14/2015 Date | |
| If signing on | on behalf of an entity: | |
| Scott Moore (| e (for Shimadzu Scientific Instruments, Inc.) | |
| | Typed or Printed Name | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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