F05 000 000 309

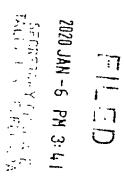
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Emily Hume)					
(Document Number)					
Certified Copies Certificates of Status					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: January 2, 2020

Order#: 114367-011

Re: SHIMADZU SCIENTIFIC INSTRUMENTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 61 ation organized under the law ce or registered agent, or both	rs of the State of	Maryland
	-	SCIENTIFIC INSTRUMENTS		
		ood Drive, Columbia, MD 210		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: Janua	ry 20, 2005 Document n	umber: _F05000	0000309
	I street address of the current timent of State: (If resigned, e	registered agent and registered enter resigned)	d office on file w	vith the
	Scott Moore			_
	4950 4 Avenue N			_
	St. Petersburg	FL	33710	
6. The name and (if changed):	l street address of the new reg	gistered agent (if changed) and	I /or registered o	
(6)	Corporation Service Comp	any		2020 JAN SERVE
	1201 Hays Street			A A
	P.O Box NOT acceptable			
	Tailahassee	FL	32301	PR
The street address changed will	ess of its registered office an be identical.	d the street address of the bus	siness office of	بب its registered agen
Such change was authorized by the	as authorized by resolution one board, or the corporation	luly adopted by its board of d has been notified in writing o	lirectors or by ar of the change.	n officer so
χ	in E Gomi	Jill C	Cilmi	Vice President
Signatu	e of an officer or director	Printe	ed or typed name and	title
I further agree of my duties, an document is bei corporation has	to comply with the provision	ed agent and agree to act in its of all statutes relative to the cept the obligation of my possible in the registered office this change.	e proper and co	mplete performan ed agent. Or, if th eby confirm that th
By: Lindrey M. Baronie			01/02/2020	
Sig	hature of Registered Agent fie, Asst. Vice President		Date	
If signing on be	chalf of an entity:			
<u></u>	yped or Printed Name			

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