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Division of Corporations

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Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
LEICA BIOSYSTEMS RICHMOND, INC.**

|                       |         |
|-----------------------|---------|
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# 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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEICA BIOSYSTEMS RICHMOND, INC.
2. The principal office address: 5205 US Route 12 Richmond, IL 60071
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/09/2006 Document number: F06000000832
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)

C T CORPORATION SYSTEM

C/O CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach FL 33408

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.

Kim Stokem  
Signature of an officer or director

Kim Stokem Attorney In Fact  
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.*

Kim Stokem  
Signature of Registered Agent

06/24/2024  
Date

If signing on behalf of an entity:

Kim Stokem Special Secretary  
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  
CR2E045 (04/13)

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