

FD6000002492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

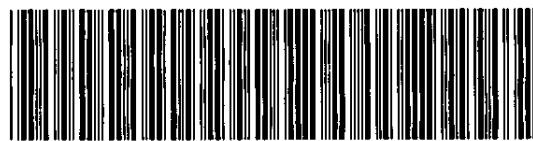
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
13 SEP 10 PM 2:50
13 SEP 10 PM 2:52

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① a q. 11-13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 788097 7588359

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 5, 2013

ORDER TIME : 2:43 PM

ORDER NO. : 788097-010

CUSTOMER NO: 7588359

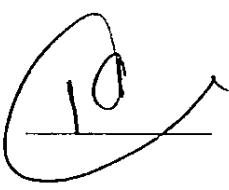
CHANGE OF AGENT

NAME: XACTFORM USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:  A handwritten signature consisting of a stylized 'C' and 'K'.

**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: XACTFORM USA, INC.

2. The principal office address: 11 MIRACLE STRIP LOOP, PANAMA BEACH, FL, 32407

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/21/2006 Document number: F06000002492

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)

JOSEPH BUTLER

11 MIRACLE STRIP LOOP

PANAMA CITY BEACH, FL 32407

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

13 SEP 10 PM 2:50
FLORIDA
DEPARTMENT
OF STATE
TALLAHASSEE
FL 32399-0001

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.

John Allmett

Signature of an officer or director

JOHN ALLMETT, PRESIDENT

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.*

Corporation Service Company

By:

Sue G. Knight

Sue G. Knight
Assistant Vice President

9-10-13

Date

If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (03/12)