

## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

#### WEATHERBEETA USA INC.

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

this statement o	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State
of Florida.  1. The name of	the corporation: Weatherbeeta USA Inc.
2. The principa	l office address: 201 Mill Road, Edison, NJ 08837
3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 11/7/2006 iDocument number: F06000006978
5. The name ar	and street address of the current registered agent and registered office on file with the artment of State:
	CORPORATION SERVICE COMPANY
	CORPORATION SERVICE COMPANY  1201 HAYS STREET  AHAYS  AHAY
	TALLAHASSEE FL 32301-2525
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered Business Filings Incorporated
	1203 Governors Square Blvd, Suite 101
	(P.O. Box or personal mailbox NOT scoepcable)
	Tallahassee, FL 32301
	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change v authorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	P. P
I hereby accept further agree of performance of registered age office address	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as int. Or, if this document is being filed merely to reflect a change in the registered , I hereby confirm that the corporation has been notified in writing of this change.
111	7/10/09
20.1	(Signature of Registered Agent) (Date)
If signing on beh Mark Williams	AVP
	(Typed or Printed Name) (Capacity)
•	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, PL 32314