F07000004433

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000073
Phone : (850)222-1092
Fax Number : (850)878-5168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
11 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 OCT 27 PM 2:45
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
TECTA AMERICA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

AOR
10/27/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TECTA AMERICA CORP.
Name of Corporation

DOCUMENT NUMBER: F07000004433

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

jmundell@tectaamerica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at ( ) 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

CR2E055 (8/05)

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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 Wisconsin *in order to change its registered office or registered agent or both, in the State of Florida.*

1. The name of the corporation: TECTA AMERICA CORP.
2. The principal office address: 5215 OLD ORCHARD RD. STE. 880
   SKOKIE IL 60077
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/04/2007 Document number: F07000004433
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)

   NAPLES-LAWDOCK, INC.
   1395 PANTHER LANE, SUITE 300
   NAPLES FL 34109-7874

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TALLAHASSEE, FLORIDA

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

   C T Corporation System
   c/o C T Corporation System, 1200 South Pine Island Road
   P.O. Box NOT acceptable
   Plantation, Florida 33324

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.

[signature] Mark F. Santacroce
Signature of an officer or director — 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.

C T Corporation System
By: ______ 10/27/2011
Signature of Registered Agent — Date

If signing on behalf of an entity:
Rebecca Barth — Assistant Secretary Rebecca Barth
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 (8/05)

FL000 07/23/2009 C T System Online