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(Re	questor's Name)			
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(Ad	dress)	_		
(Ad	dress)			
(Cit	:y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	rtified Copies Certificates of Status			
Special Instructions to	Filing Officer:			
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Office Use Only



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PALLAHAS SEE, FLORIDA SECRET

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Deemer adeemer@cscinfo.com

Date: February 24, 2014

Order#: 877302-025

Re: ERGOFLEX SYSTEMS, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Amanda Deemer

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized under the la	ws of the State of	Colorado	
	he corporation: ERGOFLEX SYS	_	,		
2. The principal	office address: 8207 Southpark C	ircle, Littleton, CO 8012	20		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 01/18/2008	B Document	number: F08000	0000,285	_
5. The name and	street address of the current regis tment of State: (If resigned, enter	tered agent and register		with the	
	NRAI Services, Inc.			2014	
	1200 South Pine Island Road			A FEE	-4-
	Plantation	FL	33324	26	
6. The name and (if changed):	street address of the new register Corporation Service Company	ed agent (if changed) an	d /or registered o	PM 3: 03 OF STATE E. FLORIDA	_
	1201 Hays Street	<u>. </u>	···-	- "	
		Box NOT acceptable		_	
	Tallahassee	FL	32301	_	
The street addre	ss of its registered office and the be identical.	street address of the bu	siness office of i	its registered agent,	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of c	firectors or by an of the change.	officer so	
My Signatur	e of apythicer or director	Printe	of typed name and to	itle	
agent. Or, if thi hereby confirm Corporation	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been not n Service Company	tanu accem me omiya	<i>wn oi mv nosta</i>	n as revisierea	
By: Sym and	Mature of Registered Agent		120/14		
Sign If signing on bel		•	Date'		
	Assistant Vice President				
	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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