F08000001391

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DIVISION OF COPPORATIONS

C.A. Charge C.COULLIETTE

AUG 25 2009

EXAMINER

ACCOUNT NO. : 12000000195				
REFERENCE : 104641 7719770				
AUTHORIZATION: Spelle Ren				
COST LIMIT : \$5.00				
ORDER DATE : August 24, 2009				
ORDER TIME : 9:19 AM				
ORDER NO. : 104641-004				
CUSTOMER NO: 7719770				
CHANGE OF AGENT				
NAME. AMILIAMED OVERENCE INC.				
NAME: ATHLETIC POLYMER SYSTEMS, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTRACT DEDCON Mobbles Venez				
CONTACT PERSON: Matthew Young				
EXAMINER'S INITIALS:				

. .

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

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re			
1. The name of the corporation: ATHLETIC PO	-		
2. The principal office address:			
708 S. Temescal Street, Suite 101, C	Corona, CA 92879		
3. The mailing address (if different): PO Box 788, Corona, CA 92878-07	88		
4. Date of incorporation/qualification: 03/28/200	Document number: F080000013	91	
5. The name and street address of the current register Florida Department of State:	red agent and registered office on file with the		
C T Corporation System			
1200 South Pine Island Ro	oad		
Plantation, FL 33324		0	≝ ≝⊚.
6. The name and street address of the new registered (if changed):	l agent (if changed) and /or registered office	09 AUG 25	SION OF
Corporation Service Comp	pany		
1201 Hays Street			ĕ.
(P.O. Box NOT acce	eptable)	=	
Tallahassee, FL 32301			7
The street address of its registered office and the s as changed will be identical.	treet address of the business office of its registe	ered age	nt,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	lopted by its board of directors or by an officer en notified in writing of the change.	so	
Man Caller	Maureen Cullen, Attorney in F	act	
I hereby accept the appointment as registered age. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this change.	(Printed or typed name and title) Int and agree to act in this capacity, I statutes relative to the proper and complete p e obligation of my position as registered agent in the registered office address, I hereby confi	erforma . Or, if i rm that i	nce this the
Corporation Service Company	August 24, 2009		
(Signature of Registered Agent)	(Date)		
If signing on behalf of an entity:			
Sylvia Queppet, Asst. VP (Typed or Printed Name)			
,	G FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314