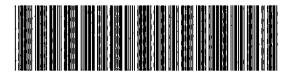
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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 252224 5030939

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 22, 2012

ORDER TIME : 1:55 PM

ORDER NO. : 252224-131

CUSTOMER NO: 5030939

## CHANGE OF AGENT

NAME: EDAX INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ch		zed under the laws of the State of Delaware red agent, or both, in the State of Florida.	
1. The name of	the corporation: EDAX, INC.		
	l office address: 91 McKee Drive, Mahv	vah, NJ 07430	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 06/17/2008		Document number: F0800002708	
	d street address of the current registered ag artment of State:	ent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name an (if changed):	d street address of the new registered agent	, m	
	Corporation Service Company	JUN 21 RETAR	
	1201 Hays Street	m m	
	(P.O. Box NOT acceptable)	C ST C C C C C C C C C C C C C C C C C C	
	Tallahassee, FL 32301	<u> </u>	
The street addr as changed wil	ress of its registered office and the street a l be identical.	address of the business office of its registered agent,	
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Nave	reen Cathell	Maureen Cathell, Vice President	
I hereby accept I further agree of my duties, as document is be corporation ha	ture of an officer or director)  If the appointment as registered agent and to comply with the provisions of all statu and I am familiar with and accept the obliving filed merely to reflect a change in the is been notified in writing of this change. ion Service Gompany	tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By:XY	ignature of Registered Agent)	June 25, 2012 (Date)	
If signing on b	ehalf of an entity:		
Grace E. Kirl	by, Assistant Vice President		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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