

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
TECAN US, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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C. GOLDEN

JAN 30 2018

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

1. The name of the corporation: Tecan US, Inc.
2. The principal office address: 9401 Globe Center Dr. Suite 140, Morrisville, North Carolina 27560
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/18/2009 Document number: F09000002473

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)

CT CORPORATION SYSTEM1200 South Pine Island RoadPlantation, Florida 33324

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


Business Filings Incorporated1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, 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 of an officer or director
Julie Porter, CFO\_\_\_\_\_  
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.

  
 \_\_\_\_\_  
 Signature of Registered Agent
13th day of December, 2017\_\_\_\_\_  
Date

If signing on behalf of an entity:

Mark Williams, AVP\_\_\_\_\_  
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

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