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## REGISTERED AGENT CHANGE ECR INTERNATIONAL, INC.

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

Prosigni to the pro	ovisions of sections 6	07.0502, 617.0502,	607.1508, or 617.1508,	Florida Statutes			
in order to change	e is suomittea jor a c its venisteved office i	orporation organize	d under the laws of the or both, in the State of t	State of	New York		
1. The name of the		n registered agent t	or voin, in the state of t	- wriaa,			
., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	ECR INTERN	ATIONAL, INC.				
2. The principal off	fice address:						
· · · · ·	201 Dwyer Aveni	J <del>O</del>	Utica	NY	13501		
3. The mailing add					10001		
4. Date of incorpor	ation/qualification:	10/23/2009	Document number:	F09000	0004214		
	reet address of the cu	rrent registered ager	at and registered office	····			
_		Corporation Se	vice Company		- ed.,		
	1201 Hays Street						
.=	Tallah	assee	FL 3:	2301-2525		CHESTA	
<ol><li>The name and str (if changed):</li></ol>	reet address of the ne	w registered agent (i	f changed) and /or regin	stered office	SSEE. F	ED	
<u></u>	Na	tional Corporate F	Research, Ltd., Inc.				
		155 Office P	laza Drive		중국 두		
(P.O. Box NOT beauptable)				r)			
	Tellah	188ee	Florida	32301			
The street address of as changed will be	of its registered officidentical.	ce and the street add	iress of the business of	ffice of its registe	ered agent,		
Such change was a authorized by the b	uthorized by resolut oard, or the corpora	ion duly adopted by tion has been notifi	its board of directors ed in writing of the ch	or by an officer ange.	50		
allan 3	Fuelono		Allan F. Free	tage Cor	ntroller		
I hereby accept the I further agree to a further agree to a document is being to corporation has been a feet to be a feet	nue of an officer or tifector) appointment as regis comply with the provis am familiar with and filed merely to reflect en notified th yriting	tered agent and agre ions of all statutes re accept the obligation a change in the regi- of this change.	(Pinted or te to act in this capacity elative to the proper are to of my position as regis stered office address, I	typed name and title)  I complete perforn stered agent. Or, sereby confirm the	nance if this at the		
Ma	anure of Registered Agent)	tf		(Dare)	<u>25                                    </u>		
If signing on behalf	of an entity:	/					
	assidy, Asst. Sec	retary					
(Ту	ged 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)