

F09000004865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

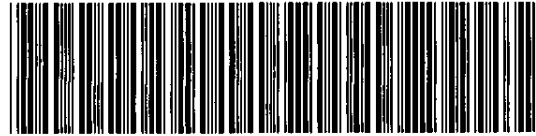
(Business Entity Name)

(Document Number)

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RA  
Change

RECEIVED  
DEPARTMENT OF STATE  
12 JAN 12 AM 10:45

FILED  
2012 JAN 12 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OR  
1/12/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 962696 7351544

AUTHORIZATION

COST LIMIT : \$ 35.00

*Spudeman*

ORDER DATE : October 30, 2011

ORDER TIME : 9:08 AM

ORDER NO. : 962696-015

CUSTOMER NO: 7351544

CHANGE OF AGENT

NAME: NEXGEN MEDICAL SYSTEMS, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: \_\_\_\_\_

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEXGEN MEDICAL SYSTEMS, INC.
2. The principal office address: 10471 Double R Blvd., Suite A, Reno, NV 89521
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/08/2009 Document number: F09000004865
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

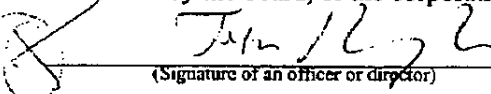
(P.O. Box NOT acceptable)

Tallahassee, FL 32301

FILED  
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TALLAHASSEE, FLORIDA

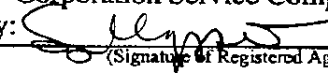
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

John Kucharczyk, CEO  
(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.

Corporation Service Company  
By:   
(Signature of Registered Agent)

1-10-2012  
(Date)

If signing on behalf of an entity:  
Sylvia Queppet, Asst. Vice President  
(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  
CR2E045 (8/05)