F10000003650

(Requestor	de Nama)
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APR 0 4 2012 T. ROBERTS



ACCOUNT NO. : I2000000195

REFERENCE : 074043

7800365

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 26, 2012

ORDER TIME : 1:25 PM

ORDER NO. : 074043-010

CUSTOMER NO: 7800365

CHANGE OF AGENT

NAME:

SHIELD TECHNOLOGIES

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of DELAWARE
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SHIELD TECHNOLOGIES CORPORATION
2. The principal	office address: 895 Blue Gentian Rd, Suite 1, Eagan, MN 55121
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 08/12/2010 Document number: F10000003650
	d street address of the current registered agent and registered office on file with the runent of State:
	Andy Parks
	11987 SW Knightbridge Lane
	Port St Lucie, FL 34987
6. The name and (if changed):	Port St Lucie, FL 34987 d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company 1201 Hays Street
	1201 Huys Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	Kobert WARE 1000
, ,	(Printed or typed name and title)
l further agree of my duties, ar document is bei	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
By:	ignature of Registered Agent) 4-2-2-2 (Date)
If signing on be	ehalf of an entity:
ace E. Kirl	by Assistant Vice President
	Typed or Printed Name)

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