

F11000001045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

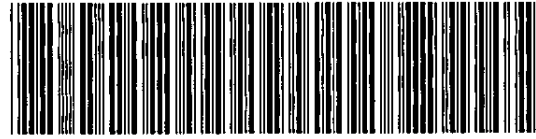
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08-14-2012

NAME: SUREFIRE MEDICAL, INC.

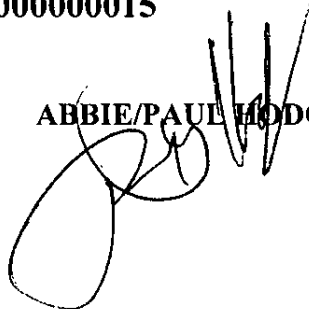
TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$35

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', is written over the printed name. The signature is stylized and somewhat cursive.

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: SUREFIRE MEDICAL, INC.

2. The principal office address: 8601 Turnpike Drive, Suite 206 Westminster CO 80031

3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 8, 2011 Document number: F11000001045

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)

JARED KURTZ
12415 SW 136 AVE UNIT 3
MIAMI, FL 33186


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

National Corporate Research, Ltd., Inc.
155 Office Plaza Drive
P.O. Box, NOT acceptable
Tallahassee, FL 32301

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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

Robert Halburm V.P. 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

8/10/2012

Date

If signing on behalf of an entity:
Lucy Dawson, Assistant Secretary

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 (03/12)