## F1100000 1045

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CSC - WILMINGTON 251 Little Falls Drive Wilmington ' De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 16, 2021

Order#: 763553-009

Re: SUREFIRE MEDICAL, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporati	, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ion organized under the laws of the State of DE or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SUREFIRE ME	DICAL, INC.
2. The principal	office address:	
6272 W. 91st A	venue Westminster, CO 8003	1
-	ddress (if different):	
4. Date of incorp	poration/qualification: 03/08/20	Document number: F11000001045
	I street address of the current re timent of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	BUSINESS FILINGS INCOR	PORATED
	1200 South Pine Island Road	20
	Plantation, FL 33324	
6. The name and (if changed):	I street address of the new regis  Corporation Service Compan	tered agent (if changed) and /or registered office
		,
	1201 Hays Street	P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and to be identical.	the street address of the business office of its registered agent.
Such change was authorized by the	as authorized by resolution duline board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
Xee	LE Clane	Jill Cilmi, Vice President
/ 1	re of an officer or director	Printed or typed name and title
I further agree to of my duties, and document is being corporation has	to comply with the provisions of Low familiar with and access	agent and agree to act in this capacity of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this inge in the registered office address. I hereby confirm that the schange.
By: In	ace Coxubi	04/16/2021
_	nature of Registered Agent	Date
It signing on be	chalf of an entity:	
	Asst. Vice President  yped or Printed Name	<u> </u>

MANUE CORCUE DANADI E TO PLODINA DEDAUTMENT OF STATE

## $^{\prime}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.050. uge is submitted for a corporation organ	ized under the law	s of the State of $\underline{\mathbb{C}}$	DE	
in order	to change its registered office or registe	ered agent, or hoth	i, in the State of Flo	orida.	
1. The name of the	ne corporation: SUREFIRE MEDICAL, II	NC.			
2. The principal	office address:				
6272 W. 91st A	venue Westminster, CO 80031		<del>.</del>		
3. The mailing a	ldress (if different):				
4. Date of incorp	oration/qualification: 03/08/2011	Document r	umber: <u>F110000</u>	01045	
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registere			
	BUSINESS FILINGS INCORPORATE	.D			
	1200 South Pine Island Road				<b>5</b>
	Plantation, FL 33324			- 2	
6. The name and (if changed):	street address of the new registered ager Corporation Service Company	nt (if changed) and	I /or registered office	ce -	
	1201 Hays Street			t .	
		NOT acceptable		•••	
	Tallahassee	FL_	32301		
	ss of its registered office and the street be identical.				ent.
Such change was author zed by th	s authorized by resolution duly adopted board, or the corporation has been no	d by its board of cotified in writing o	lirectors or by an o of the change.	officer so	
Xie	. E agni	Jill Cilmi, Vice F	President		
/ 1	e of an officer or director		ed or typed name and title	·	_
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent an ocomply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company	utes retative to in ligation of my pos le registered offic	e proper ana comp ition as revistered	$uvvu$ , $vu \sim u$	17113
By: I In	are Cotyole	04/16/2021			_
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
<u>_</u>	Asst, Vice President  sped or Printed Name				

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