Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE CERSYS INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CERSYS INC.	
50202	Name of Con	poration
DOCU	FI [000003404 MENT NUMBER:	
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
	return all correspondence concerning this matter t	•
	Name of Cont	act Person
	Fum/Con	npany
	Addre	SS
	City/State and	Zip Code
	E-mail address: (to be used for fut	ure annual report notification)
For fur	ther information concerning this matter, please ca	11 :
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Departm	·
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
CR2E04:	5 (03/12)	

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

and the state of the contraction of the contraction

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		
. The name of the corporation: CERSYS INC.		
2. The principal office address: 3451 COMMERCE PKWY MIRAMAR FL 33025		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/22/2011 Document number: F11000003404		
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)		
NRAI SERVICES, INC.		
515 E. PARK AVE.		
TALLAHASSEE FL 32301 US		
TALLAHASSEE FL 32301 US 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
CT Comporation System		
c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT acceptable		
Plantation, Florida 33324		
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.		
David Furgason - Vice President, Tax		
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.		
By: 02/25/2013 Date Oscillation of an entity:		
Kristin Bolden Typod or Frinted Name Assistant Secretary * * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 cr2E045 (03/12)

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