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(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
•	*							
(Business Entity Name)								
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(Doc	ument Number)							
Certified Copies	Certified Copies Certificates of Status							
Special Instructions to F	iling Officer							
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The Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith

Date: December 17, 2014

Order#: 414259-003

Re: OLAMETER CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_\_.

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: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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	provisions of sections 607.0 inge is submitted for a corpo r to change its registered of	oration organ	ized under the la	ws of the State of	MI	this	_
1. The name of	the corporation: OLAMETER	R CORPORA	TION				
_	office address:OURSE DRIVE, ANN ARBO				·		
3. The mailing a	ddress (if different):				<del>_</del> ,		
4. Date of incorp	poration/qualification: 06/28	8/2013	Document	number: F13000	002855		
	I street address of the curren trment of State: (If resigned,			ed office on file w	vith the		
	C T CORPORATION SYS	ТЕМ			_		
	1200 SOUTH PINE ISLAN	ID ROAD			_		
	PLANTATION		FL	33324	_	14(	SIVIO
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office					DEC 19	CRETARY ON OF CO
	Corporation Service Comp	oany			-	<b>*</b>	Y OF S
	1201 Hays Street				_	9:27	ATTO
	Tallahassee	P.O. Box NOT	acceptable FL	32301		_	ক্ত
	ess of its registered office ar be identical. as authorized by resolution of the board, or the corporation						ent,
authorized by th							
Signatu	an officer or director		Dona Priebe, V	dice President ed or typed name and til	lle .		_
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed methat the corporation has be n Service Company	ns of all statu ir with and ac ierely to refle	l agree to act in tes relative to th ccept the obligat ct a change in t	this capacity. he proper and con ion of my position he registered office	nplete n as regis	stered ss, I	
By: X	nature of Registered Agent	10	12/15/2014	Date			_
_	half of an entity:	`					
	Assistant Vice President						
Ty	ped or Printed Name	<del></del>					

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

Make Checks payable to Florida Department of