Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850) 205-8842 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.

Email Address:

REGISTERED AGENT CHANGE BECKON SCIENTIFIC, INC.

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Help

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C LEWIS

4/29/2016 12:14:09 PM From: To: 8506176380 (2/2)

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 Statinge is submitted for a corporation organized under the laws of the State of Dele to change its registered office or registered agent, or both, in the State of Flor	awaro
1. The name of t	he corporation: BECKON SCIENTIFIC, INC.	
2. The principal	office address: 703 WATERFORD WAY, SUITE 550, MIAMI FL 33126	
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 09/13/2013 Document number:	F1300000395
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	he
	Magin Blast	٠ ز
	706 Waterford Way, Suite 550	16 APR
	Minmi FL 33126	N 5
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	9 41
	NRAI Services, Inc.	D: 2
	c/o NRAI Services, Inc., 1200 South Pine Island Road	N> 9
	P.O. Box NOT acceptable Plantation, Florida 33324	
	es of its registered office and the street address of the business office of its registered.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer-so
a gradu	Magin Blasi, President of an oliteer or director Printed or typed name and tillo	•
I hereby accept I further agree t performance of agent. Or if thi hereby confirm	he appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complet my duties, and I am familiar with and accept the obligation of my position as a document is being filed merely to reflect a change in the registered office ad hat the corporation has been notified in writing of this change.	te registered idress, I
NŘAI So By:	vices. Mc ourseled 4-29-16	· · · · · · · · · · · · · · · · · · ·
If signing on be	nalf of an entity: Madonna Cuddihy Special Assistant Secretary pod or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)