Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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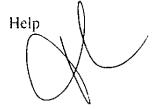
To:		, , , , , , , , , , , , , , , , , , , ,
	Division of Corporations	
	Fax Number : (850)617-6380	1
From:		
	Account Name : COMPUTERSHARE	
	Account Number : 110432003053	
	Phone : (561)694-8107	
	Fax Number : (561)214-8442	
	email address for this business entity to be a report mailings. Enter only one email address	

REGISTERED AGENT CHANGE RADIOMETER AMERICA INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Stat on organized under the laws of the State of Del	aware	is	
		or registered agent, or both, in the State of Flor	rida.		
1. The name of	the corporation: RADIOMETER	AMERICA INC.			
2. The principal	office address: 250 S. Kraemer B	lvd. Brea, CA 92821			
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 08/11/2014 Document number: F14000003361					
	d street address of the current reg rtment of State: (If resigned, ente	pistered agent and registered office on file with ter resigned)	he		
	CT CORPORATION SYSTEM				
	1200 S PINE ISLAND RD		-,1	2024 기기의	
	PLANTATION, FL 33324				
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	. •	25 PM 11:59	
	United Agent Group Inc.			= :	
	801 US Highway 1		•	9	
		P.O. Box NOT acceptable			
	North Palm Beach FL 33408				
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its re	gisterec	i agent,	
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an off been notified in writing of the change.	icer so		
Kim. Stakom.		Kim Stokem Attorney in Fact			
Signatu	re of an officer or director	Printed or typed name and title			
l further agree of my duties, an document is bei	to comply with the provisions of	agent and agree to act in this capacity. I all statutes relative to the proper and comple I the obligation of my position as registered as age in the registered office address, I hereby c change.	rte perfo zent. O onfirm	ormance r, if this that the	
Kim. S	tokem mature of Registered Agent	06/25/2024			
Sig	nature of Registered Agent	Dute			
If signing on be	half of an entity:				
Kim Stokem Sec	cretary of State				
T	yped or Printed Name				

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