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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

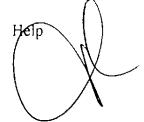
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE LEICA MICROSYSTEMS INC.

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

Electronic Filing Menu Corporate Filing Menu



1/1

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

statement of cha	nnge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of $\frac{D}{r}$ r registered agent, or both, in the State of Flo	elaware	his		
I. The name of	the corporation: LEICA MICROS	YSTEMS INC.				
	office address: Ten Parkway North					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/24/1992	Document number: F92000000435				
	d street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with resigned)	1 the			
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND RO	AD		20:		
	PLANTATION, FL 33324			2024 JUN 25		
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered offic	z e			
	United Agent Group Inc.			P4 ::		
	801 US Highway 1			ე ე		
		P.O. Box NOT acceptable				
	,					
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	register	ed agent,		
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an opeen notified in writing of the change.	fficer so)		
Kim Sta	kam re of an officer or director	Kim Stokem Attorney In Fact				
		Printed or typed name and title				
l further agree i of my duties, an docúment is bei	the appointment as registered as of comply with the provisions of a lam familiar with and accept a change been notified in writing of this control of this con	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	lete per agent. (confirn	formance Or, if this n that the		
Kim St	BKein nature of Registered Agent	06/24/2024				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Kim Stokem Spe	cial Secretary					
T	ped or Printed Name	_				

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