

F94000002561

Florida Department of State
Division of Corporations
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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
FOSS NORTH AMERICA, INC.**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOSS NORTH AMERICA, INC.

Name of Corporation

DOCUMENT NUMBER: F94000002561

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Howes

Name of Contact Person

FOSS NORTH AMERICA, INC.

Firm/Company

8091 WALLACE ROAD

Address

EDEN PRAIRIE, MN 55344

City/State and Zip Code

bhowes@fossna.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamila Woods

at (312) 288-3567

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FOSS NORTH AMERICA, INC.
2. The principal office address: 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/17/1994 Document number: F94000002561
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)

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation 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.

Maria Sciotti

Signature of an officer or director

Maria Sciotti

Printed or typed name and title

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.

C T Corporation System

By: Jennifer Vincent

Signature of Registered Agent

06/02/2016

Date

If signing on behalf of an entity:

Jennifer Vincent, Assistant Secretary & VP

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)