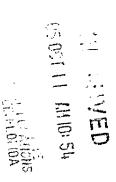
## -94000003050

(Req	uestor's Name)	
, (Add	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	<u> </u>
		ļ

Office Use Only



900060146429



G. Coulilette OCT 1 1 2865



ON SERAICE COMPANA.		
ACCOUNT NO. : 072100000032		
REFERENCE : 635631 4386365		
AUTHORIZATION: Tatricia Isout		
COST LIMIT : \$ 35.00		
ORDER DATE: October 5, 2005		
ORDER TIME : 9:47 AM		
ORDER NO. : 635631-385		
CUSTOMER NO: 4386365		
CHANGE OF AGENT		
NAME: CLAIRCOM EQUIPMENT CORPORATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY		
CONȚACT PERSON: Troy Todd		
EXAMINER'S INITIALS:		

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

statement of change is submitted for a	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of
1. The name of the corporation: CLA	IRCOM EQUIPMENT CORPORATION
2. The principal office address:	C 1, Redmond, WA 98052
3. The mailing address (if different):_	
4. Date of incorporation/qualification	06/10/1994Document number:F94000003050
5. The name and street address of the Florida Department of State:	current registered agent and registered office on file with the
C T Corporation	. System
1200 South Pine	Island Road
Plantation, FL	33324
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered offices
Corporation Ser	rvice Company
1201 Hays Stree	The same
(	P.O. Box NOT acceptable)
Tallahassee, FI	, 32301
The street address of its registered o as changed will be identical.	ffice and the street address of the business office of its registered agent,
Such change was authorized by reso authorized by the board, or the corporate	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.
Mayor all	Maureen Cullen, Attorney in Fact
(Signature of all officer of director)	(Printed or typed name and title)
	registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.
Corporation Service Comp	Dany 10/03/2005
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Elizabeth A. Dawson, Asst.	Vice Pres.
(Typed or Printed Name)	<del></del>

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