To: FL Dept. (Subject: 0008	From: Katie Wonsch Nonday, Hovember 13, 2006 5:58 PM Page: 1 of 2 Biopica Department of State Division of Corporations
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>	To: Division of Corporations FFax Number : (850)205-0380 From: Account Name : CORPDIRECT AGENTS, INC. Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640 00000000000000000000000000000000000
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From: Katie Wonsch

Monday, November 13, 2006 5:58 PM Page: 2 of 2

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~			H060	0027441
STATEMENT	OF CHANGE OF REGISTEREI FOR COR) office or register Porations	ED AGENT O	R BÓTH
statement of chan	rovisions of sections 607.0502, 617.05 ge is submitted for a corporation orga e its registered offics or registered age	mixed under the laws of the St	ate ofDE	his LAWARE
1. The name of th		n, or oon, in the state of Fig		
••••••	JANDY	NDUSTRIES, INC.		
2. The principal o	ffice address:			
6	1000 CONDOR DRIVE	MOORPARK	CA	93021
3. The mailing ad	dress (if different):			
4. Date of incorpo	mation/qualification: 06/16/19	94Document number:1	F9400003	164
5. The name and s Florida Departs	street address of the current registered nent of State:	agent and registered office on	file with the	
_	C T CORPO	RATION SYSTEM	. <u></u>	
-	1200 SOUTH			•
	PLANTATION	FL	33324	
6. The name and a (if changed):	street address of the new registered ag National Corpor	ent (if changed) and /or registe ate Research, Ltd., Inc.	ered office	SECRETA
-		t Park Avenue	······	SE
_	Tallahassee	x NOT acceptable) Florida	32301	
The street addres as changed will b	s of its registered office and the stree e identical.	t address of the business offi	ce of its register	<u> </u>
Such change was authorized by the	authorized by resolution duly adopt board, or the corporation has been r	ed by its board of directors on notified in writing of the chan	r by an officer s ige.	₀ ▷'''
	an CAM	MARK COR	LTELL - S	iecre han
(Signature) (Signa	phuve of an officer or director) he appointment as registered agent a comply with the provisions of all sid I am familiar with and accept the ol of lited merely to reflect a change in t been notified in yariting of this change	(Printed agree to act in this capac tutes relative to the proper a ligation of my position as re he registered office address, s.	er typet zone sud ül ity, nd complete per gistarcd agent. I haraby confirm	le) rformance Or, if this n that the
G.	Cale to	00	TOBER 31, 20	06
If signing on beh	Ignature of Registered Agent) alf of an entity:	s't Sre'y	(Dale)	
	A. P. POLIZZI			

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