F9700003365

(Requestor's Name)
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1. THE SO 2012

COVER LETTER

TO: Amendment ! Division of C	Section forporations				
subject: <u>CAM</u> I	DEN USA, INC. Name of Co	rporation			
DOCUMENT NUM	BER: F97000003365				
The enclosed Stateme	ent of Change of Registered Office	/Agent and fee are submitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
Myra Simmons Name of Contact Person					
Capitol Services Registered Agent Department Firm/Company					
	800 Brazos Ste 400				
	Addr	ess			
Austin, TX 78701 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please c	all:			
My	ra Simmons of Contact Person	at (800) 345-4647 Area Code & Daytime Telephone Number			
Name	of Confact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Departi	nent 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			

TO:

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

statement of cha	nge is submitted for a c	07.0502, 617.0502, 607.1 corporation organized un ed office or registered ago	der the laws of the Sta	te of DELAWARE	
1. The name of t	he corporation: <u>CAM</u>	IDEN USA, INC.			
2. The principal	office address:			,	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	6/27/1997 _D	Oocument number: F	97000003365	
	street address of the cu tment of State: (If resig	urrent registered agent and ned, enter resigned)	d registered office on	file with the	
	CT Corporation System 될었				
1200 South Pine Island Road				LO CARE	
	Street Address Plantation	FL.	33324	TARY ASSE	
	street address of the no	ew registered agent (if ch	Zip Code anged) and /or register	mc .	
	155 Office Plaza				
	Street Address Tallahassee	P.O. Box NOT acceptable			
	City	State ce and the street address	Zio Code	,	
Aloud	re of an officer or director	S6	ROBERT FISHER ENIOR VICE PRESIDENT- ENERA PAJOUR (ELLARIDISE	CRETARY	
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the prov my duties, and I am far is document is being fil that the corporation ha	gistered agent and agree visions of all statutes rel miliar with and accept th ed merely to reflect a ch as been notified in writin	ative to the proper an he obligation of my po lange in the registered g of this change.	d complete sition as registered toffice address, I	
Delas			1-8-15		
	nature of Registered Agent		Date		
	e, Asst. Secretary	on behalf of Capit	ol Corporate Ser	vices, Inc.	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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



Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 1/9/2015 **FLORIDA**

REP UNIT:

CAMDEN USA, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #25801 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

