(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUL – 8 2009
EXAMINE

Office Use Only



100157073251

07/06/03--01063--004 **25.00





Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

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:

7/2/2009 FLORIDA

REP UNIT:

FISHER HAMILTON L.L.C.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #16549 in the amount of \$25.00 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.



FLORIDA

Athena Diagnostics, Inc.

Barnstead Thermolyne Corporation

Fisher Hamilton, LLC (Assumed Name: Fisher Hamilton (DE), LLC)

Fisher Scientific Latin America, Inc.

Fisher Scientific Operating Company

Nicolet Instrument Corporation (Assumed Name: Mattson Instruments)

Remel, Inc.

Separation Technology, Inc.

Systems Manufacturing Corporation

Thermo Environmental Instruments, Inc.

Thermo Asset Management Services, Inc.

Thermo Electron North America, LLC

Thermo Fisher Scientific (Asheville), LLC

Thermo Fisher Scientific Inc.

Thermo LabSystems, Inc.

Thermo Orion, Inc. (Assumed Name: Orion Research of Thermedics, Inc.)

Thermo Process Instruments GP, LLC

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FISHER HAMILTO	ON L.L.C. ne of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Myra Homer (Name of Person)		
Capitol Corporate Service (Firm/Company)	ces, Inc.	
800 Brazos, Suite 4	400	
Austin, TX 7870)1	
For further information concerning this m	natter, please call:	
Myra Homer (Name of Person)	at (<u>800</u>) <u>345 - 4647</u> (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FISHER	HAMILTON L.L.C.	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2000 PARK LANE	
2/8/2000 3. Date of filing/registration in Florida	M0000000251	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	CT CORPORATION	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> <u>Capitol Corporate Services, Inc.</u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE A Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
Myra Homer, Attorney-in-fact (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part of am familiar with and accept the obligations of my positions. The confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I has registered agent as provided for in Chapter 608, change in the registered office address, I hereby be in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Judle Gayle Windle, Asst. Sec.

FILED

SPECIAL POWER OF ATTORNEY

2009 JUL -6 PM 1:52 SECRETARY OF STATE ALLAHASSEE. FLORIDA

Seth Hoogasian, a duly authorized officer and/or director of the entities listed on Exhibit A hereto (the "Entities") does hereby make, constitute, and appoint Capitol Services, Inc., Capitol Corporate Services, Inc. and Capitol Document Services, Inc. and each duly authorized representative of such entities, including without limitation Ms. Myra Homer and Ms. Delanie Case, as his true and lawful attorneys-in-fact with full right, power and authority for him, as an authorized officer or manager of the Entities, in his name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entities or on their behalf with any state agency in order to effectuate a change in the Entities' registered agent to Capitol Services, Inc., Capitol Corporate Services, Inc., or Capitol Document Services, Inc., as applicable.

GIVING AND GRANTING to said attorneys-in-fact full power and authority to do and perform every act necessary or appropriate to be done in the exercise of the foregoing power as fully as Seth Hoogasian, a duly authorized officer or director of the Entities, could do if personally present and acting, with full power of substitution and resubstitution, hereby ratifying, confirming, and approving all that said attorneys-in-fact shall lawfully do or cause to be done by virtue hereof.

This Special Power of Attorney shall be effective as of the date set forth below and shall continue in effect until revoked by Seth Hoogasian by written notice to said attorneys-in-fact.

IN WITNESS WHEREOF, Seth Hoogasian has set his hand this $\frac{4l}{2}$ day of June, 2009.

Seth Hoogasian

Director or President