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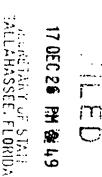
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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Y SULKER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: December 22, 2017

Order#: 959406-041

Re: CARL ZEISS SBE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

·XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company: CARL ZEISS SI		
2. (a)	GENERAL COUNSEL Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BON)
	ONE ZEISS DRIVE	_	
	THORNWOOD NY 10594	-	
	10/20/2010	M10	000004633
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
	115 NORTH CALHOUN ST.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
-			
	Tallahassee	32301	<u> </u>
			DEC
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	()(E)-l	SS Control of the second of th
	Estici name of Serv Registered Agent and of Serv Registered	vince address;	على عد الله الله الله الله الله الله الله الل
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahanna		
	Tallahassee , FL	32301	
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered bility compan f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	ture of a member or authorized representative of a member	Jill Cilmi,	AUTHORIZED PERSON
	—		Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to act in thi performance of I for in Chapte pereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
	re of Registered Agent Corporation Service Company		
Signatu	re of Registered Agent Corporation Service Company	BY: GRAC	E E. KIRBY, ASST VP