

# M12000006435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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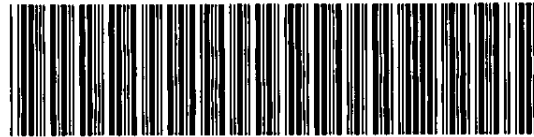
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL 26 2013

**CORPORATE  
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*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
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RA Change

1.

Sterilizer Technical Specialists East LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Sterilizer Technical Specialists East LLC

2. (a) Principal office address of limited liability company: 1777 E. Henrietta Road  
Rochester, NY 14623  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1777 E. Henrietta Road  
Rochester, NY 14623  
**(Note: MAY BE POST OFFICE BOX)**

November 19, 2012

3. Date of filing/registration in Florida

M12000006435

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: United Corporate Services, Inc.

Registered Office Address: 9200 South Dadeland Blvd., Suite 508  
Miami, Florida 33156

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)**  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

T. Christopher Dorsey, Manager

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Michael D. McManus, Asst Sec'y

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

FILING FEE: \$25.00