## M15000001512

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(Address)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 323230 5046129 AUTHORIZATION COST LIMIT (: ORDER DATE: October 7, 2016 ORDER TIME : 10:01 AM ORDER NO. : 323230-005 CUSTOMER NO: 5046129 CHANGE OF AGENT NAME: CUSTOM AUTOMATED PROSTHETICS, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

## 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.

1.		ame of the limited liability company: Custom Automa		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b) _	85 Maple Street Stoneham, MA 02180  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		February 20, 2015		M15000001512
3.		Date of filing/registration in Florida	- <u>'</u> 4.	Document number
				Document Hambor
5.	(a)			
		Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
		467 HARBOR DR N		
		INDIAN ROCKS BEACH FL_	33785	<b>5</b>
	(b)	Corporation Service Company		OCT OCT
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	
		1201 Hays Street		
		NEW Registered Office Address:		AH 8: 18
				<b>— — — — — — — — — —</b>
				*^
		Tallahassee , FL_	32301	
the ag wa the	e cha ent w is/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the lure of a member or authorized representative of a member	the register bility comp the limited imited liab	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
pre the to	oviși obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha t in writing of this change	3 <i>01</i> 16171371371371	e of my duties, and I am familian with and accent
		M. Fender		Melissa Zender
		Paysion of Corporations P.O. Be	M.S	SSt. Vice President

FILING FEE: \$25.00