

Division of Corporation

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone

: (614)280-3338

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address:			
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REGISTERED AGENT CHANGE SCIENT'X USA, INC.

Certificate of Status	0	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	Pursuant to the provisions of sections 607,0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re	rganized under the laws of the	State of Florida							
	1. The name of the corporation: Scient'x USA, Inc.									
	2. The principal office address: 5818 El Camino Real,	Carlsbad, CA 92008								
	3. The mailing address (if different):									
	4. Date of incorporation/qualification: 8/22/2002	Document number;	P02000091599							
•••	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)									
	Craig S Perlman									
	2 S. Orange Ave., 5th Floor		THE THE							
	Orlando, FL 32801		ASS 24 ED							
	5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System									
	c/o C T Corporation System, 1200 Sou P.O. Box Plantation, Florida 33324	NOT occeptable								
	The street address of its registered office and the street address of the business office of its registered agent, as changed with be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Craig Hunsaker, Director Signature of an officer or director									
	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 obligation of my position as registered agent. Or, it this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.									
	By Succession System Signature of Registered Agent	02/23/2017								
	If signing on behalf of an entity:		orthography of the state of the							
* * * * * * * * * * * * * * * * * * * *	Danny Verdecchia - Assistant Secretary Typed or Printed Name * * * FILING	FEE: \$35.00 * * *	and the second of the second o							
		FLORIDA DEPARTMENT OF ST	ATE SEE, FL 32314							