(1/2)Page 1 of 1

Florida Department of State Division of Corporations

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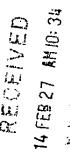
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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of in	Connecticut
i. The name of the corporation: MetraComp Inc.	
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5/31/1984 Document number: P02236	
5. The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned)	ith the
NRAI SERVICES, INC.	_
1200 South Pine Island Road Plantation, FL 33324	
	7
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):	FEB 2
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	- 등의 유 등의 2
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its changed will be identical.	ts registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
Sharlin Aldao Carrillo, Vice Presic	
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 comperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered offithereby confirm that the corporation has been notified in writing of this change.	
By Chroniting System 2/25/2014	
Shadure of Register Week Kristin Bolden	
If signing on behalf of an entity: Assistant Secretary	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	
Make checks payable to Florida Department of State Mail to: Division op Corporations, P.O. Box 6327, Tallahassee, FL	32314

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