## P06000129485

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Critical Bench, Inc. (Name of Corporation)		
DOCUMENT NUMBER: 06000129485		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mikael Westerdal (Name of Contact Person)		
Critical Bench (Firm/Company)		
14170 Spoonbill Lane		
(		
Clearwater, FL 33762 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mikac   Worterda   at (727, 324-3124 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· 12-11

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
*statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Critical Bench, Inc.
2. The principal office address: 14170 Spoonb; Il Lanc
Clearwater, FL 33762
3. The mailing address (if different): 14170 Spoonbill Lanc
Clearwater, FL 33762
4. Date of incorporation/qualification: 16/10/06 Document number: PO60001294PS
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Mikael Westerdal
1930 Laughing Gull Lane, Un. + 1216
Clearwater, FL 33.712 Es
6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are
14170 Spoonbill Lane 755 22 0
Clearuster, FL 33762 3FF 6
The street address of its registered office and the street address of the business office of its registered agent, as changed will 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.
Mikael Westerdal Owner (Signature of an officer or director)  Mikael Westerdal Owner
(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, if 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.  7/23/07  (Signature of Registered Agent)  (Date)  If signing on behalf of an entity:
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)