

P07000095612

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Cthomas@brinkscorporation.com

RECEIVED

2010 JAN 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
ICD AMERICAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Handwritten signature/initials

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

Pursuant to the provisions of sections 607.0502, 607.0503, 607.1508, or 607.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ICD Americas, Inc.
2. The principal office address: 5737 Okeechobee Blvd, Suite 201
West Palm Beach, FL 33417
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/24/2007 Document number: P07000085812

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)

Karen Alexander
5737 Okeechobee Blvd, Suite 201
West Palm Beach, FL 33417

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, FL 33324

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.



Signature of Registered Agent

RON EFRON, Director

Printed or Typed Name and Title

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. On, 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.



Signature of Registered Agent

1/15/2010

Date

If signing on behalf of an entity:

Anusha Putty
Vice President
and Assistant Secretary
*** FILING FEE \$35.00 ***

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR25045 (8/05)

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