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SECRETARY OF STATE

FEB - 7 2013 T. ROBERTS

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: I GARD ORPORATION Name of Corporation |
| DOCUMENT NUMBER: \$\frac{P}{0000020987} |
| 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: |
| Gerarld Bertupla Name of Contact Person |
| I-GARD Opporation |
| 1-7615 Rimbel Street |
| Mississauga Ontario Canada L53/A8 Rity/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| David J. Pyper Name of Contact Person at (951) 384 2515 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Moiling Adduses Carea Adduses |

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

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 Statutes, this 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 Florida. | | | | |
| | 1. The name of the corporation: I GARD COLPOLATION | | | | |
| | 2. The principal office address: 17615 Kimbel Street, Mississ guga, Ontario | | | | |
| | | | | | |
| | 3. The mailing address (if different): | | | | |
| | 4. Date of incorporation/qualification: 3/5/10 Document number: P/0000020987 | | | | |
| | 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) | | | | |
| L | in officer David J. Puper PA | | | | |
| | 1792 Bell Tower have | | | | |
| | Weston, 1) 33386 | | | | |
| | 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | |
| | David J. Typer | | | | |
| | 2645 Exe cu ture fark Dr. P.O. Box NOT acceptable | | | | |
| | Weston, 31 33331 | | | | |
| | 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, of the corporation has been notified in writing of the change. | | | | |
| X | Signature of an officer or director CTERRY BERTUOLA VP. FINANCE. | | | | |
| | Thereby 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 configm that the corporation has been notified in writing of this change. | | | | |
| X | Signature of Registered Agent Date | | | | |
| | If signing on behalf of an entity: | | | | |
| , | Davi D Pople Typed or Printed Name | | | | |
| | typed of Frinted Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)