## P13000018117

| (Re                                     | questor's Name)   |           |  |
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| (Cit                                    | y/State/Zip/Phone | · #)      |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL      |  |
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| /D.                                     | singer Entity Nam |           |  |
| (Bu                                     | siness Entity Nan | ne)       |  |
|   |                   |           |  |
| (Do                                     | cument Number)    |           |  |
|   |                   |           |  |
| Certified Copies                        | _ Certificates    | of Status |  |
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10/24/13--01019--005 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORID

DOR 11/1/13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen

ccullen1@cscinfo.com

Date: October 22, 2013

Order#: 854836/010

Re: MICROTECH INTERNATIONAL INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Courtney Cullen c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

|   | •  | 2, 617.0502, 607.1508, or 617.1508, Fl<br>ation organized under the laws of the Sta  |   |  |  |
|---|--|--|---|--|--|
| in  | order to change its registered offic   | e or registered agent, or both, in the Sta   | ite of Florida.   |  |  |
| 1. The name   | e of the corporation: MICROTECH  | INTERNATIONAL INC.   |   |  |  |
| 2. The princ  | cipal office address: 11380 Prosper  | rity Farms Road, #221E, Palm Beach 0   | Gardens FL 33410  |  |  |
|   |  |  |   |  |  |
| 3. The maili  | ing address (if different): 8330 Boo   | one BLVD, Suite 600, Vienna VA 22182   | 2   |  |  |
| 4. Date of ir   | ncorporation/qualification: 02/25/2  | 2013 Document number: P1   | 3000018117  |  |  |
|   | e and street address of the current r<br>Department of State: (If resigned, er | egistered agent and registered office on ter resigned)   | FILED |  |  |
|   | Hawk-Donohue, Valerie  |  |   |  |  |
|   | 11380 Prosperity Farms Roa   | 11380 Prosperity Farms Road, #221E   |   |  |  |
|   | Palm Beach Gardens FL 334  | <b>1</b> 10  | England   |  |  |
| 6. The name (if change                                  | · ·  | stered agent (if changed) and /or registe  | red office ORIDA  |  |  |
|   | Corporation Service Compar   | ny   |   |  |  |
|   | 1201 Hays Street   |  |   |  |  |
|   |  | P.O. Box NOT acceptable  |   |  |  |
|   | Tallahassee  | FL 32301   |   |  |  |
| The street a as changed                                 | nddress of its registered office and will be identical.                        | the street address of the business offic   | e of its registered agent,  |  |  |
| Such chang authorized                                   | e was authorized by resolution du<br>by the board, or the corporation ha       | ly adopted by its board of directors or less been notified in writing of the chang   | by an officer so<br>e.  |  |  |
| T.  | 2  | Dona Priebe  | Vice President  |  |  |
| Si  | gnature of an officer or director  | Printed or typed name  | e and title   |  |  |
| I further ag<br>performanc<br>agent. Or,<br>hereby conf | ree to comply with the provisions<br>se of my duties, and I am familiar y      | d agent and agree to act in this capacit<br>of all statutes relative to the proper an<br>with and accept the obligation of my po<br>ely to reflect a change in the registered<br>notified in writing of this change. | nd complete<br>osition as registered  |  |  |
| By: Or  | ne gragau  | 10/22/2013   |   |  |  |
| -4  | Signature of Registered Agent  | Date   |   |  |  |
| If signing o  | n behalf of an entity:   |  |   |  |  |
| April Hudso   | on, Asst VP  |  |   |  |  |
|   | Typed or Printed Name  | <del></del>  |   |  |  |

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