

P16612

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Change

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10 P



PORATION SERVICE COMPANY. ACCOUNT NO

ACCOUNT NO. : 120000000195

REFERENCE :

979073

4717751

AUTHORIZATION

COST LIMIT

₩35.00

ORDER DATE: November 14, 2011

ORDER TIME : 10:11 AM

ORDER NO. : 979073-086

CUSTOMER NO: 4717751

CHANGE OF AGENT

NAME: QUALEX INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of chair	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: QUALEX INC.
2. The principal	office address: 4020 Stirrup Creek DR, Suite 100, Durham, NC 27703
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: October 30,1987 Document number: P16612
	street address of the current registered agent and registered office on file with the trment of State:
	CT Corporation System
	1200 S. Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office PET AGENT
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
(Signatul	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept a further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
By:	November 11, 2011
If signing on bel	half of an entity:
	ct, Assistant Vice President (yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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