(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(*		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name	e)
(=	·	-,
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
On a sint backwardings to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



200279235542

15 NOV 18 AM 10: 56

NOV 19 2015

C LEWIS

CORPORATION SERVICE COMPANY 1201 Hays Street

XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	120000	000195	
		REFERENCE	:	875672	2 7	143909
		AUTHORIZATION	:	D	Nag.	
		COST LIMIT	:	\$ 35.0)O	rdn
ODDED	 ጉአጥፑ •	November 17, 201	 E			
ORDER .	DAIE :	November 17, 201	5			
ORDER '	TIME :	10:17 AM				
ORDER :	NO. :	875672~070				
CUSTOM	ER NO:	7143909				
		CHANGE OF A	GEN'	Ī		
	NAME:	ADERANT NORTH	AM	ERICA,	INC.	
PLEASE	RETURN	THE FOLLOWING AS	PR	OOF OF	FILING	:
	_ CERTII	FIED COPY				

EXAMINER: ___

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

statement of cha	ange is submitted for a	607.0502, 617.0502, 607 corporation organized u red office or registered a	nder the law	s of the State of _		-
1. The name of	the corporation: Adera	ant North America, Inc.				
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification:	10/14/1996	Document n	umber: P9600008	34523	
5. The name and		current registered agent a				
	C T CORPORATION	SYSTEM				
	1200 SOUTH PINE IS	SLAND ROAD				0
	PLANTATION, FL 33	3324			15 NOV	S
6. The name and (if changed):	d street address of the n	new registered agent (if c	hanged) and	/or registered offi	ce o	
	Corporation Service (Company			AH 8:	magic famility of the table
	1201 Hays Street				<u>.</u>	
	Tallahassee	P.O. Box NOT accepta		32301		• ,
-		fice and the street addres				nt,
Such change was authorized by the	is authorized by resolu ne board, or the corpor	ation duly adopted by its ation has been notified	board of di	rectors or by an of the change.	fficer so	
Signatu	ire of air officer or director	D <u>av</u>	ID B LI	NETZ VICE or typed name and title	Preside	ENT
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporatio	the appointment as re to comply with the pro my duties, and I am fa is document is being fi that the corporation h in Service Compan	gistered agent and agre wisions of all statutes re miliar with and accept iled merely to reflect a c as been notified in writt NY	e to act in the lative to the the obligation change in the ing of this ch	nis capacity, proper and comp on of my position is registered office nange. I I	olete as registered address, I	
By: //	name of Registered Agent	>		1/18/15 Date		-
	half of an entity:					
	Melissa Zender					
Ā	sst. Vice Presiden	it				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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