

MAY 24 2007 9:11 AM  
Capital Connection

CAPITAL CONNECTION

NO. 8307 P. 1/2

**P98000019120**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**

**BARRIERMED GLOVE CO.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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C. Goulliette MAY 24 2007

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**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BARRIERMED GLOVE CO.
2. The principal office address: 155 Technology Park, Lake Mary, Florida 32746
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/26/98 Document number: P98000019120
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
James, Leone  
3188 Oak Lane  
Edgewater, Florida 32132
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
WILLIAM B. PRINGLE, III, P.A.  
390 North Orange Avenue, Suite 2100  
(P.O. Box NOT acceptable)  
Orlando, Florida 32801

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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]  
(Signature of an officer or director)

William B. Pringle, III/Attorney at Law  
(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. Or, 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]  
(Signature of Registered Agent)

5/23/07  
(Date)

If signing on behalf of an entity:

William B. Pringle, III, Esquire  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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