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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (614)280-3338 : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

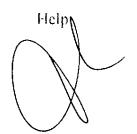
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## REGISTERED AGENT CHANGE ROCHESTER ELECTRO-MEDICAL, INC.

Certificate of Status	0
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From: Kaity Toon

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

statement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered off.	ration organi:	ted under the laws of the S	State of FL	_		
1. The name of t	he corporation: Rochester El	ectro-Medical.	Inc.				
	office address: 11705 Nw 39t						
3. The mailing a	ddress (if different):	······································					
4. Dateofincorpe	oration/qualification: 6/9/19	98	Document number: F	298000051427			
5. The name and	street address of the current tment of State: (If resigned, e	registered ag	ent and registered office o				
	Russell T Alba						
	_						
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):  C.T. Corporation System  1200 South Pine Island Road							
	C T Corporation System				e de de		
	1200 South Pine Island Road				; )		
	P.O Box NOT acceptable Plantation, Florida 33324						
The street addre as changed will	ss of its registered office an be identical.	d the street a	ddress of the business off	ice of its registered age	ent,		
Such change was authorized by the	s authorized by resolution de board, or the corporation l	luly adopted l has been noti	by its board of directors of the char	or by an officer so nge.			
Todd Synboda, Vice President							
-	of an officer or director		Printed or typed na		_		
corporation has	the appointment as registere o comply with the provision I I am familiar with and acc ng filed merely to reflect a c been notified in writing of t	ed agent and is of all statut cept the oblig hange in the this change.	agree to act in this capac es relative to the proper o ation of my position as re registered office address.	ity. and complete performa egistered agent. Or, if i I hereby confirm that	nce this the		
C T Corporation	System (MCEG Rev.	*	6/5/2024				
Sign	ature of Registered Agent	<del></del>	Date		_		
If signing on bel	nalf of an entity:	Michele Holde Secretary	n, Assistant				
r _v	ped or Printed Name						
• • • • • • • • • • • • • • • • • • • •	•	FILING FEF	:: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: