665782

<u>.</u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000205228270

DEPARTMENT OF STATE
IVISION OF COMPERATIONS
TALLAMASSEE, FLORIDA

RECEIVED

2811 MAY -5 AM II: 37
SECRETARY OF STATE
TALLAHASSEE, TLORIDA

15/5/11



	ACCOUNT NO.	:	I2000000019!	5			
	REFERENCE	:	745655	7136198			
	AUTHORIZATION	:		000			
	COST LIMIT			Spubblen			
	April 15, 2011			0			
ORDER TIME :	9:36 AM						
ORDER NO. :	745655-020						
CUSTOMER NO:	7136198						
				·			
CHANGE OF AGENT							
NAME: AUDIO VISUAL INNOVATIONS, INC.							
PLEASE RETURN CERTII XX PLAIN		PRO	OOF OF FILING	;:			

EXAMINER:

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

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

statement of ch	e provisions of sections 607,0502, 617,050 hange is submitted for a corporation orga der to change its registered office or regist	nized under the laws of the State of Florid	da
	f the corporation: AUDIO VISUAL IN	*	
	al office address: 6301 Benjamin Road,		
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 04/04/1980	Document number: 665782	
5. The name ar	nd street address of the current registered a artment of State:		
	NRAI Services Inc.	7	SECTION AND AND AND AND AND AND AND AND AND AN
	515 E. Park Avenue		AKA A
	Tallahassee, FL 32301		25 2 3 3 3 3 5 4 5
6. The name an (if changed):	nd street address of the new registered age: Corporation Service Company	nt (if changed) and /or registered office	WILLAHASSEE, FLORID:
		·	
	1201 Hays Street (P.O. Box NOt acceptable	*)	
	Tallahassee, FL_32301		
	ress of its registered office and the street		
Such change wanthorized by	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an offici officed in writing of the change.	er so
(\$100)	usate of an officer or director)	Steve Benjamin,	EVP
I further agree of my duties, a document is be corporation ha	ot the appointment as registered agent and to comply with the provisions of all state and lam familiar with and accept the oblining filed merely to reflect a change in the scenario of this change.	nd agree to act in this capacity, outes relative to the proper and complete ligation of my position as registered age, he registered office address, I hereby con ,	performance nt. Or, if this ifirm that the
· · ·	ion Service Company	5-4-2011 (Date)	
	Sunature of Registered Agent)	(Date)	##* In
If signing on b	echalf of an entity:		
	pet, Asst. Vice President		
((Typed or Printed Name) * * * FILING FI	EE: \$35.00 * * *	

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