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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

\*\*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 FREEMAN AUDIO VISUAL SOLUTIONS, INC.



Certificate of Status	0
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to communicate the figure

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi	zed under the laws of the State of Texas	
in order to change its registered office or register	•	
1. The name of the corporation: FREEMAN AUDIO V	/ISUAL SOLUTIONS, INC.	
2. The principal office address: 1600 Viceroy, Suite 10	0, Dallas, TX 75235-2306	
	:	
3. The mailing address (if different): P. O. Box 660613	, Attn: Derek W. Goff, Dallas, TX 75266	
4. Date of incorporation/qualification: 08/22/2000	Document number: F00000004730	
5. The name and street address of the current registered ag Florida Department of State:	ent and registered office on file with the	
CT Corporation System		
1200 South Pine Island Road		
Plantation, FL 33324	Plantation, FL 33324	
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office	
Corporation Service Company		
1201 Hays Street		
(P.O. Box NOT acceptable)		
Tallahassee, FL 32301		
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Signature of an officer or checker	Blanca Lozada, Attorney in Fact	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
By: Signature of Registered Agent)	July 28, 2010 (Date)	
If signing on behalf of an entity:		
Elizabeth A. Dawson, Asst. Vice President		
(Typed or Printed Name)	Tr. 1922 00 4 4 4	
* * * FILING FE	た: ずつついい " " " ・	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314 CR2E045 (8/05)