Other

P.O. BOX 600 GRAIN VALLEY, MISSOURI 64029

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	Corporation Name)	(Document #)	
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☐ Walk in	Pick up time		
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IAWITIDINGS	AMENDMENTS		98 SECR TALL/
Profit	Amendment		=m 3
NonProfit	Resignation of R.A., Office	er/Director	MAR 17 RETARY AHASSEE
Limited Liability	Change of Registered Ager	nt	TARY OF S
Domestication	Dissolution/Withdrawal		ITARY OF STATE HASSEE, FLORIG
Other	Merger		9: 27 TATE ORIDA
OTHER FILINGS Annual Report	REGISTRATION QUALIFICATION Foreign	***************************************	
Fictitious Name			
Name Reservation	Limited Partnership Reinstatement		5 10 98 ⁷
	Trademark	WAR T	ç V°
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Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Florida St Florida	to the provisions of sec atutes, the undersigned submits the follo red agent, or both, in th	d corporation of wing statement	rganized under th it in order to chan	e laws of th	ne State of	
1a. The n	ame of the corporation	is: Devtroni	cs, Inc.			
1b. Date	of incorporation 2/2	6/71	Documen	t number	13778 99	٠
2. The r	name and address of th Robert D. Douglas	e current regis	tered agent and c	office:	RETARSS AMASS	
	67 Fairway Lane,	Jacksonville	Beach, Florida	32252	FOR E	
3. The na	ame and address of the (P.O. Box Not Accept			;	ATE ORIDA	
c/o C	T CORPORATION SYSTEM,	, 1200 South	Pine Island Rd.,	Plantatio	on, Florida 3332	4
The stree	et address of its register istered agent as chang	red agent and ed will be iden	the street address ical.	of the bus	iness office	
an office	ange was authorized by rso authorized by the b	ooard.	y adopted by its b Robert D. Ro Typed or printed			
•	SIGNATURE 1/27/78 DATE		Typed or printed	name and	title	
PROCES IN THIS AGENT WITH THE	BEEN NAMED AS REC SS FOR THE ABOVE S' CERTIFICATE, I HERE AND AGREE TO ACT II HE PROVISIONS OF AL PERFORMANCE OF MY	TATED CORPO BY ACCEPT T N THIS CAPAO LL STATUTES Y DUTIES, ANI	DRATION AT THE HE APPOINTMEN CITY. I FURTHER RELATIVE TO THI D I AM FAMILIAR I	PLACE DE IT AS REGI AGREE TO E PROPER WITH AND	SIGNATED STERED COMPLY AND COM-	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00

SPECIAL ASSISTANT SECRETARY