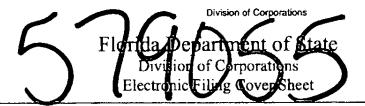
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From: Ranae McGraw

6/30/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:				
		Division of Corporations	=		
34		Fax Number : (850)617-6380		2021	
	. • , '	, ,	[		
$\stackrel{\circ}{=}$	From:		AHA	JUH	
<b>9</b> H		Account Name : C T CORPORATION SYSTEM	<b>&gt;&gt;</b> ∵	`≣≣	
-	1.	Account Number : FCA000000023	Sign.	<u>()</u>	
$\Box$	•	Phone : (614)280-3338	m,	$\Box$	, ; ;
30	•	Fax Number : (954)208-0845	•	3:	; )
<u>₹</u>		, ,	声().	7.	• •
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=		the email address for this business entity to be used for future			
1797	- , anr	nual report mailings. Enter only one email address please.**	>	$\sim$	
	Ema	ail Address:			

## REGISTERED AGENT CHANGE PRO SOUND, INC.

Certificate of Status	0
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JUL 1 2021

S. PRATHER

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Corporate Filing Menu

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

statement of ch	unge is submitted for a corporation organ	12, 607,1508, or 617,1508, Florida Statutes nized under the laws of the State of Florida ered agent, or both, in the State of Florida,		-	
1. The name of	the corporation: PRO SOUND, INC.				
2. The principal	office address: 1717 Diplomacy Row, Or	lando, FL 32809		_	
	address (if different):			_ 	
4. Date of incor	poration/qualification: 07/13/1978	Document number: 579055			
	d street address of the current registered a rtment of State: (If resigned, enter resigned	gent and registered office on file with the ed)			
	SINTOW, ROD				
	1375 NE 123 ST				
	MIAMI, FL 33161		ÄL.	2021	
6. The name an (if changed):	AHASSE	2021 JUN 30 AM 10:	. ===		
	NRAI Services, Inc.		an ⊊. Eu ≧.	<u> </u>	
	1200 South Pine Island Road		F.S.	6	
	P.O. Bo Plamation, Florida 33324	NOT acceptable		2	
The street addr as changed wil	ess of its registered office and the street the identical.	address of the business office of its regist	ered ager	ıt,	
		d by its board of directors or by an officer offied in writing of the change.			
9/2 (A	Ethan .	Steven Rothman, CFO			
~	ne of an officer or director	Printed or typed name and title		•	
I further agree of my duties, at document is be corporation ha	nd I am familiar with and accept the obling filed merely to reflect a change in this been notified in writing of this change.	utes relative to the proper and complete p igation of my position as registered agent ic registered office address, I hereby confi	verforman . Or, if th irm that ti	ce us u	
NRAI Services.	(1) $(2)$ $(2)$	06/16/2021			
Sij	mature of Registered Agent	Date		•	
If signing on be	ehalf of an entity:				
Linda Stauffer,	Assistant Secretary				
1	yped or Printed Name				
	* * * FILING FE	CE: \$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: