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To: FLORIDA

Company:

Fax: 8506176380

Phone:

From: dwallace@cscinfo.com

Fax:

Phone: (850) 521-0821x2928 E-mail: dwallace@cscinfo.com

NOTES:

MURATA ELECTRONICS NORTH AMERICA

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Doreen Wallace Customer Service Specialist Corporation Service Company 800-927-9801 ext. 2928 www.cscglobal.com

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

		502, 607.1508, or 617.1508, Florida Stati anized under the laws of the State of <u>T</u> ex	
		stered agent, or both, in the State of Flori	
1 The name of t	the composition. MURATA ELECTI	RONICS NORTH AMERICA, INC.	
2. The principal	office address: 2200 Lake Park Dr.	Smyrna, GA 30080	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/06/2000	Document number: F00000001	304
	d street address of the current registered attract of State:	agent and registered office on file with the	ne
	CT Corporation System		<u>نونان </u>
	1200 South Pine Island Rd.		O JUN 28
	Plantation, FL 33324		22
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	8 M 9: 49
	Corporation Service Company		5
	1201 Hays Street		
	(P.O. Box NOT acceptab	ole)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the stre t be identical.	et address of the business office of its re	gistered agent,
Such change was authorized by the	as authorized by resolution duly adop he board or the corporation has been	ted by its board of directors or by an off notified in writing of the change.	icer so
Clean	(18Q	Elizabeth A. Dawson, Attorney i	
I hereby accept I further agree of my duties, an document is bei corporation has	we of an officer or arector) I the appointment as registered agent to comply with the provisions of all st and I am familiar with and accept the oing filed merely to reflect a change in a been notified in writing of this changon Service Company	(Printed or typed name and title) and agree to act in this capacity, atutes relative to the proper and comple bligation of my position as registered as the registered office address, I hereby of	
By: San	Lieuns	06/28/2010	
(B i ₁	gnature of Registered Agent)	(Date)	
lf signing on be	chalf of an entity:		
Sylvia Quepp			
'n	Typed or Printed Name)		
	* * * FILING I	FEE: \$35.00 * * *	