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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 531066 5159894

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 13, 2013

ORDER TIME : 4:51 PM

ORDER NO. : 531066-009

CUSTOMER NO: 5159894

CHANGE OF AGENT

NAME:

AUDIOVOX ELECTRONICS

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	- ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, the state of DE nized under the laws of the State of DE tered agent, or both, in the State of Florida.	nis 			
1. The name of	the corporation: AUDIOVOX ELECT	RONICS CORPORATION				
2. The principal	office address: 150 Marcus Blvd.		_			
Hauppaug	je NY 11788					
3. The mailing a	address (if different): 180 Marcus Blvo uage NY 11788	d.				
4. Date of incor	poration/qualification: 07/10/2000					
	d street address of the current registered a rtment of State: (If resigned, enter resigned	agent and registered office on file with the ed)				
	HIQ Corporate Services, Inc.					
	1574 Village Square Blvd. Suite	100	<b>ာ</b> သို့			
	Tallahassee, FL 32309		PEB	29		
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	Hd 61	ART OF S		
	Corporation Service Company		る ろ	X1 10.45		
	1201 Hays Street		<del></del>	3		
	P O. Box NOT acceptable					
	Tallahassee, FL 32301					
The street addre	ess of its registered office and the street be identical.	address of the business office of its registere	d agent	,		
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.				
July	Deves	Deb Reeves, Vice President				
I further agree performance of agent. Or, if the hereby confirm	is document is being filed merely to refl that the corporation has been notified i	Printed or typed name and title  d agree to act in this capacity, utes relative to the proper and complete iccept the obligation of my position as registe ect a change in the registered office address, n writing of this change.	ered I			
Bv: S	on Service Company	February 12, 2013				
	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Grace E.Kirb	y, AVP					
T	yped or Printed Name					
	* * * FILING FE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)