F0200001527

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
I NAME WANT		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certificates of Status		
Special Instructions to Filing Officer:		
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1-14-01

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SFI ELECTRONICS, INC. (Name of Corporation)		
DOCUMENT NUMBER: F02000001527		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARSHALL COPELAND (Name of Contact Person)		
SFI ELECTRONICS, INC. (Firm/Company)		
400A Clanton Road (Address)		
Charlotte, NC 28217 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MARSHALL COPELAND (Name of Contact Person) at (704) 522-0800 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes	s, this
statement of change is submitted for a corporation organized under the laws of the State of NC in order to change its registered office or registered agent, or both, in the State of Florida.	
	'
1. The name of the corporation: SFI ELECTRONICS, INC	
2. The principal office address: 400A CLANTON RD	
CHARLOTTE, NC. 28217-1763	
3. The mailing address (if different): PO BOX 11275	
CHARLOTTE, NC. 28220-1275	
4. Date of incorporation/qualification: 03/25/2002 Document number: F020000015	27
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
C T CORPORATION SYSTEM	<u> </u>
1200 SOUTH PINE ISLAND ROAD	JAN I
PLANTATION FL 33324 US	SSE A L
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PH 1: 09 OF STATE
INCORP SERVICES, INC.	O9 RIDA
17888 67th Court North	
(P.O. Box NOT acceptable)	
Loxahatchee, FL. 33470	
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r so
Signature of an officer or frector) [Signature of an officer or frector) [Printed or typed name and title] [I hereby accept the appointment as registered agent and agree to act in this capacity.	seland, Vice
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered agen document is being filed merely to reflect a change in the registered office address, I hereby conforporation has been notified in writing of this change.	performance 1. Or, if this firm that the
While on behalf of Incorp 01/09/2008 (Signature of Registered Agent) Services, Inc. (Date)	
If signing on behalf of an entity:	
INCORP SERVICES, INC. (Typod or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)