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To: Di Fa	ivision of Corporations ax Number : (850)617-6380	· · · · ·	30 PM	1
Ac Ph	ccount Name : CORPORATION SERVICE COMPANY ccount Number : I2000000195 hone : (850)521-1000 ax Number : (850)558-1515	STATE	2:49	
	mail address for this business entity to be used for fut report mailings. Enter only one email address please.**	ure		

Email Address:

REGISTERED AGENT CHANGE ZETRON, INC.

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Washington ler to change its registered office or registered agent, or both, in the State of Florida.	
	ZETRON INC	
2. The principal	al office address: 12034 134th Court NE, Redmond, WA 98052-2445	
3. The mailing a	address (if different): P.O. Box 97004, Redmond, WA 98073-9704	
4. Date of incorp	rporation/qualification: 03/01/2004 Document mumber: F04000001202	
	nd street address of the current registered agent and registered office on file with the autment of State;	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 d street address of the new registered agent (if changed) and /or registered office	i i Port
	Corporation Service Company)
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre	ess of its registered office and the street address of the business office of its registered agent, i be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(3.c	BRENT DIPPIE SOUP,	D.
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	
Corporation By:	ion Service Company a lag lag lag lag	
	Enature of Miglistered Agent) (Date) chalf of an entity:	
	et, Asst. Vice President	
	Typed or Printed Name)	
	* * * FILING FRE: \$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)