F06000004539

| (Requ | iestor's Name) | | |
|-----------------------------|----------------|-------------|--|
| (Addro | ess) | | |
| (Addre | ess) | | |
| (City/S | State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busir | ness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | Certificate | s of Status | |
| Special Instructions to Fil | ling Officer: | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

R.A. Charge

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|---|---|---|--|--|--|
| SUBJECT: Fonon Technology International, INC (Name of Corporation) | | | | | |
| DOCUMENT NUMBER: F06000004539 | | | | | |
| 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: | | | | | |
| i icasc i | return an correspondence concerning and matter to | the following. | | | |
| | Svitlana Musina | | | | |
| (Name of Contact Person) | | | | | |
| | | | | | |
| Laser Photonics, LLC (Firm/Company) | | | | | |
| | (Firm/Comp | any) | | | |
| | 400 Rinehart Road | | | | |
| | (Address | s) | | | |
| | | | | | |
| Lake Mary, FL 32746 | | | | | |
| (City/State and Zip Code) | | | | | |
| For furt | ther information concerning this matter, please call: | | | | |
| Svitla | na Musina , | 407 × 829-2613 Ext. 229 | | | |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | Mailing Address: | Street Address: | | | |
| | Mailing Address: Amendment Section | Amendment Section | | | |
| | Division of Corporations | Division of Corporations | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | | |
| | rananassee, FE 32317 | Tallahassee, FL 32301 | | | |

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of <u>Nevac</u> er to change its registered office or registered agent, or both, in the State of Florida | da | _ |
|--|--|--|---------------------|
| 1. The name of t | the corporation: FONON TECHNOLOGY INTERNATIONAL INC | | |
| 2. The principal | office address: 400 RINEHART Road | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 07/06/2006 Document number: FOGOE | 0004 | 539 |
| | d street address of the current registered agent and registered office on file with the rtment of State: | | |
| | NIKITIN, DMITRI | | |
| | 3217 YATTIKA PL 🕏 | S O | |
| | LONGWOOD FL 32779 US | 08 APR SECRET | needistr. |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | TARY OF | 1 |
| | Laser Photonics, LLC | ြက် ထဲ | Canada P |
| | 400 Rinehart Road | DATE OS | |
| | (P.O. Box NOT acceptable) Lake Mary, FL 32746 | , | |
| The street address changed will | ess of its registered office and the street address of the business office of its regi | istered ag | ent, |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an offic he board, or the corporation has been notified in writing of the change. | er so | |
| TSignati | Nikitin, Demitri (Printed or typed name and title) | | |
| I hereby accept I further agree of my duties, af document is he | t 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 hd I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby consistent and in writing of this change. | e perform ent. Or, is nfirm that | ance this the |
| - ANG | ignature of Registered Agent) 4/16/2008 (Date) | | |
| p. W | ehalf of an entity: | | |
| Svitlana Mus | Typed or Printed Name) | | |

* * * FILING FEE: \$35.00 * * *