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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone : (800)221-0102 Fax Number : (212)564-6083

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REGISTERED AGENT CHANGE HYDRALOGIC SYSTEMS CORP.

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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, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HYDRALOGIC SYSTEMS CORP.
2. The principal office address: 4051 SW 47TH AVE, 105 AND 106 DAVIE, FL 33314
3. The mailing address (if different): 10770 MOSS RIDGE ROAD HOUSTON, TX 77043
4. Date of incorporation/qualification: 1/25/2007 Document number: F07000000456
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
TICKTIN, PETER ESQUIRE
600 WEST HILLSBORO BLVD. SUITE 220
DEERFIELD BEACH, FL 33441
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): NATIONAL CORPORATE RESEARCH LTD., INC
NATIONAL CORPORATE RESEARCH LTD., INC
615 EAST PARK AVENUE
P.O. Dox NOT acceptable TALLAHASSEE, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
MICHAEL BECKLEY PRES. DE NT
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 performance of my duties, and I an familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporalism has been notified in writing of this change.
Signature of Registored Agent Date
If signing on behalf of an entity:
Karen McKeown Typed or Printed Name Assistant Secretary *** FILING FEE: \$35.00 ***
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CRIE045 (8/05)