F070000002538

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DEPARTMENT OF STATE,

13 FEB 19 PM 1: 57

RAIROICH S



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 531066

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: February 13, 2013

ORDER TIME : 4:53 PM

ORDER NO. : 531066-060

CUSTOMER NO: 5159894

CHANGE OF AGENT

NAME: VOXX ACCESSORIES CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY 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	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of DE ered agent, or both, in the State of Florida.	_
1. The name of	the corporation: VOXX ACCESSORI	IES CORP.	
2. The principal	office address: 180 Marcus Blvd., H	auppauge, NY 11788	
3. The mailing a	address (if different): 150 Marcus Blvd	d. Hauppauge, NY 11788	., .
4. Date of incorp	poration/qualification: 05/11/2007	Document number: F07000002538	
	1 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	350	<u>ئ</u> مريخة خسم
	Tallahassee, FL 32309		3周
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	13 FCB 19 PH 7
	Corporation Service Company		133
	1201 Hays Street		24
	P.O. Box NOT Tallahassee, FL 32301	`acceptable	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered ag	gent,
4 \		by its board of directors or by an officer so tified in writing of the change.	
Signatur	re of an officer of director	Deb Reeves, Vice President	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statt my duties, and I am familiar with and a	d agree to act in this capacity. utes relative to the proper and complete ccept the obligation of my position as registerea ect a change in the registered office address, I n writing of this change.	1
By: Sign	nature of Registered Agent	2/13/2013 Date	
	half of an entity:		
Grace E. Kirl	oy, Assistant V.P.		
T	yped or Printed Name		

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