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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOUND CONCEPTIONS INC, Name of Corporation
DOCUMENT NUMBER: FO 900000 4/4/1
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:
MARYIN Sme Kal Name of Contact Person
SOUND CONCEPTIONS Firm/Company
1001 3RD AVE SW Address
CEDAR RAPIDS TA 52404 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Manual 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-----

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations**

2661 Executive Center Circle

Tallahassee, FL 32301

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SOUND CONCEPTS INC
2. The principal office address: 1001 3 PD AVE 5 W
CEDAR RAPIDS LA 52404
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/88/09 Document number F0900000 44
5. 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)
T BROWLEN KRUECER
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SION STATE OF THE
SARASOTA FL 34235 7 5
6. The name and street address of the new registered agent (if changed) and /or registered office.
(if changed):
RICHARD HEDDE
6209 PUTH MIRRIE BOST
P.O. Box NOT acceptable
WIMALMA FL 33598
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.
Signature of an other or director Signature of an other or director Printed or typed name and title
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 am 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 corporation has feen notified hywriting of this change.
3/1////
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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