## F10000000457

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RA ROCHS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 531066 5159894

AUTHORIZATION

COST LIMIT

ORDER DATE: February 13, 2013

ORDER TIME : 4:52 PM

ORDER NO. : 531066-045

CUSTOMER NO:

5159894

CHANGE OF AGENT

NAME:

INVISION AUTOMOTIVE SYSTEMS

INC.

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 org	502, 607.1508, or 617.1508, Flor <mark>ida S</mark> tatutes. canized under the laws of the State of <u>DE</u> istered agent, or both, in the State of Florida.	this .
1. The name of	the corporation: INVISION AUTON	OTIVE SYSTEMS INC	
2. The principal Orlando, F	office address: 2822 Commerce P	ark Drive, Suite 400	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/26/2010	Document number: F100000045	7
	d street address of the current registered truent of State: (If resigned, enter resigned,	dagent and registered office on file with the ned)	
	HIQ Corporate Services, Inc.		
	1574 Village Square Blvd., Sui	te 350	
	Tallahassee, FL 32309	<u> </u>	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	13 FCB 19 PM 24 2
	Corporation Service Company		9 P
	1201 Hays Street		PH 23
	P.O. Box No Tallahassee, FL 32301	OT acceptable	20
_		et address of the business office of its register	
Such change wa authorized by th	es authorized by resolution duly adopto the board, or the corporation has been r	ed by its board of directors or by an officer so otified in writing of the change.	)
Deb Reeves, Vice President			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	my duties and I am familiar with and	atutes relative to the proper and complete accept the obligation of my position as regis flect a change in the registered office addres	tered s, I
	nature of Registered Agent	Date	
	half of an entity:		
	oy, Assistant V.P.		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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