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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: LOCKWOOD TECHNOL	OGY CORPORATION					
Name of	Corporation					
DOCUMENT NUMBER: F1	1000002651					
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
,	-					
SAM	TALARI					
Name of C	ontact Person					
INFRAX SYSTEMS Firm/Company						
	Sompany					
6365 53RD S	TREET NORTH					
Address						
PINELLAS PARK. FL 33781						
PINELLAS PARK, FL 33781 City/State and Zip Code						
LEGAL MINERAYING COM						
LEGAL@INFRAXINC.COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	call:					
SAM TALARI Name of Contact Person	at (727) 417-9338 Area Code & Daytime Telephone Number					
Nume of Contact Forson	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.					
Mailing Address:	Street Address:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
131141141555, 12 5251 1	Tallahassee, FL 32301					

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

statement of cha	provisions of sections 607, inge is submitted for a cor _l or to change its registered o	poration organized	l under the laws of the Sta	ate of NH	<u> </u>	
1. The name of	the corporation: LOCK office address: 25 CON	WOOD TECH	INOLOGY CORP	ORATIO		
3. The mailing a	ddress (if different): 636	5 53RD STREE	ET NORTH, PINELL	AS PARK,	FL 33781	
4. Date of incorp	poration/qualification:	06/28/2011	Document number:	F1100	0002651	
	I street address of the curre tment of State: (If resigned		and registered office on	file with the		
	BARITZ, KEN 238 N	IE 1ST AVENU	JE			
	238 NE 1ST AVENU	JE, DELRAY B	EACH FL 33444 US		SECRE SECRE	
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or register	red office	TARY OF	
	SAM TALARI 6365 53RD STREE	T NORTH, PINI P.O. Box NOT acco		3781	SINIE SINIE 8: II	
The street addre	ess of its registered office be identical.	and the street add	ress of the business offic	ce of its regis	stered agent,	
Such change was authorized by the	as authorized by resolution to board, or the corporation	n duly adopted by on has been notifie	its board of directors or ed in writing of the chan	by an office ge.	er so	
Signatur	e of an officer or director		SAM TA	ALARI /	Presiden	+
I hereby accept I further agree I of my duties, an document is bei corporation has	the appointment as regist o comply with the provist d I am familiar with and ng filed merely to reflect been notified in writing	tered agent and ag ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capaci relative to the proper a ion of my position as reg gistered office address, i	ty, nd complete zistered agen I hereby con,	performance nt. Or, if this firm that the	
Sign	nature of Registered Agent		10/31/2 Date	2011		
	half of an entity:		Date			
Ту	ped or Printed Name					

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