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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274 ECRETARY OF STATE

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REGISTERED AGENT CHANGE MSS ELECTRONICS, INC.

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TO: Amendment Section Division of Corporations

MSS ELECTRONICS, INC. Name of Corporation F96000001550 DOCUMENT NUMBER: 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:

Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Joshua Murphy	
Name of Contact Person	Area 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org				_
	r to change its registered office or regi				
1. The name of t	the corporation: MSS ELECTROI	NICS, INC.			
2. The principal	office address: 16 YELLOWSTO	ONE AVE WH	ITE PLAINS	S, NY 10607	-
_	ddress (if different):				
4. Date of incorp	poration/qualification: 3/26/1996	Document	number: F9600	0001550	
	I street address of the current registered truent of State: (If resigned, enter resigned)		ed office on file w	ith the	
	BLUMBERGEXCELSIOR COL	RPORATE SEF	RVICES, INC.		
	155 OFFICE PLAZA DRIVE	1ST	FLOOR	_	
	TALLAHASSEE	FL	32301	-	
6. The name and (if changed):	street address of the new registered ag		nd /or registered of	2022 JUN 27 SECRETAR TALLAHA	1
	155 Office Plaza Dr.	Suite A		ASSE AD A	m
		FL 3230	1	4 8: 57 EF, FL	
The street addre	ess of its registered office and the stree be identical.	et address of the bi	usiness office of it	ts registered age	nt,
Such change wa authorized by th	as authorized by resolution duly adopte board, or the corporation has been	ted by its board of notified in writing	directors or by an of the change.	officer so	
	ne Harris	Earlene Har	TIS	Authorized P	erson -
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered agent of to comply with the provisions of all st and I am familiar with and accept the of the agent in a change in the province in writing of this change the province in writing of this change	and agree to act in atutes relative to the bligation of my pos the registered office	this capacity, he proper and con sition as registere	nplete performai ed avent. Or. if t	nce his the
Hockey	zidt	06/27/202	2		
Sign	nature of Registered Agent		Date		_
If signing on bel	half of an entity:				
	Assistant Secretary				
Ту	sped or Printed Name				
	* * * FILING 1	FFF-			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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