Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000181445 3)))



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| To: | - F | |
|------------|-----------------------------|------------|
| Division o | of Corporations | |
| Fax Number | : (850)617-6380 | 7.0 |
| From: | | in at |
| Account Na | me : C T CORPORATION SYSTEM | me H |
| Account No | mber : FCA00000023 | |
| Phone | : (850)205-8842 | يت بنيوللم |
| Fax Number | : (850)878-5368 | 不 乙类 |
| £ | • | to His |

annual report mailings. Enter only one email address please.**

REGISTERED AGENT CHANGE DELTA GROUP ELECTRONICS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--------------------------------------------------|------------------------------------------------------|
| ÇI!R I | DELTA GROUP ELECTRONICS, INC. | · |
| 3000 | Name of | Corporation . |
| DOC | F96000001984 UMENT NUMBER: | |
| The ex | nclosed Statement of Change of Registered Offi | ice/Apent and fee are submitted for filing |
| | | - |
| Piease | e return all correspondence concerning this matt | ter to the following: |
| | | |
| | Name of Co | ontact Person |
| | | |
| | Firm/C | Сотралу |
| | | , , |
| | | dress |
| | Ad | dress |
| | | |
| | City/State a | and Zip Code |
| | hmunllandd | ioltogramming com |
| | E-mail address: (to be used for | leltagroupinc.com future annual report notification) |
| | • | • |
| For fu | rther information concerning this matter, please | call: |
| | | at / \ \ |
| | Name of Contact Person | at (). Area Code & Daytime Telephone Number |
| Enclos | ed is a \$35.00 check made payable to the Depa | rtment of State. |
| | | |
| | Mailing Address: | Street Address: Amendment Section |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | , | Tallahassee, FL 32301 |

CR2E045 (03/12)

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

| | • | 2, 617.0502, 607.1508, or 617.1508, Florida | | ç | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|--------------|
| | | tion organized under the laws of the State of e or registered agent, or both, in the State of | | | |
| | the corporation: DELTA GROU | • | | | |
| | office address: 395 GUS HIPP I | | | | |
| | GE, FL 32955 | | | | |
| 3. The mailing a | address (if different): 4801 LINC | COLN RD NE | | | |
| ALBUQU | ERQUE, NM 87109 | | | | |
| 4. Date of incor | poration/qualification: 04/18/19 | Document number: F960000 | 01984 | | |
| | d street address of the current re rtinent of State: (If resigned, en | egistered agent and registered office on file w ter resigned) | ith the | | |
| | MUELLER, HAROLD C | | _ | | |
| | 395 GUS HIPP BLVD | | | | |
| | ROCKLEDGE, FL 32955 | | | Š | Postan |
| 6. The name and (if changed): | - | stered agent (if changed) and /or registered or | ffice ASS | JUI, 28 | H Proprieta |
| | C T Corporation System | | ें में | = | THE STATE OF |
| | c/o C T Corporation System. 120 | | - 75 - 01 | <u> </u> | manae. |
| P.O. Box NOT acceptable | | | 2 | September 1 | |
| | Plantation, Florida 33324 | | . 44 | | |
| The street address changed will | ess of its registered office and t be identical. | the street address of the business office of i | ts registered | agent, | |
| Such change wa authorized by th | as authorized by resolution duly ne board, or the corporation has | y adopted by its board of directors or by an s been notified in writing of the change. | officer so | | |
| After 1 | · ///w/ | Harry C. Mueller President | | | |
| | the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mere that the corporation has been | egent and agree to act in this capacity, of all statutes relative to the proper and contith and accept the obligation of my positionly to reflect a change in the registered offunction of my with the registered offunctified in writing of this change. | | ed | |
| | poration System | 7-27-3 | | | |
| | nature of Registered Agent | Date | . V 1 U | | |
| If signing on be | half of an entity: | | | | |
| Katheri | ne Lackey - ASST. | Sec. | | | |
| T | ped or Printed Name | | | | |

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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