Requestor's Name ക്കു 2014 Brondway Suite 350 City/ Nikhville, (N 37203 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. _____(Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time Certified Copy ☐ Walk in Photocopy Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

100 9/30

Florida Department of State, Sandra B. Mortham, Secretary of State

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,

1a. The name of	f the corporation is:	MEISTER ELECTRONICS, LC	
1b. The mailing	address of the corporat	ion is:712 Coral Reef Drive,	Tampa, F1 33602
1c. Date of inco	orporation: 7/7/94	Document number: L	94000000309
2. The name a		nt registered agent and office:	97 SEP
	John H. Cronin, Jr.		F][P 2
	2560 Gulf-to-Bay Blv	d. #200	: ° m
	Clearwater, Fl 34625		☆ 登 ロ ※ 5
3. The name an	d address of the new re	gistered agent and office:(P.O. Box	
	Gordon J. Schiff		
	400 N. Tampa Street		
	Tampa, Fl 33602		
The street addingstered agent	ress of its registered of t, as changed, will be ide	fice and the street address of the	ne business office of its
Such change w so authorized b	as authorized by resolut by the board.	ion duly adopted by its board of d	_
(Signature o	of an officer, chairman or- airman of the board)		Date)
Having been no corporation, I had a life in the corporation of the cor	erebyaccept the appoint to comply with the pro f my duties, and I am f	nt and to accept service of proce threntas registered agent and agri- visions of all statutes relative to t amiliar with and accept the oblig	ee to actin this capacity the proper and complet gation of my position a
	nalf of an entity:	v	·
Gordon J. S	chiff Printed Name)	Registered (Ca	Agent apacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00